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SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD

Wednesday, January 11, 1995
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

AGENDA

10 min. I. CALL TO ORDER/APPROVAL OF MINUTES, INTRODUCTIONS

40 min. II. PROGRAM REVIEW ORIENTATION

30 min. III. COMMITTEE REPORTS, ACTION ITEMS

- Executive Committee
- IPI Request for authorization to proceed with next steps in Anti- Stigma Campaign
- Report from Nominating Committee
- Consumer, Provider Task Force Reports
- MHB Reps to DMS, Other Committees

15 min. IV. REPORT OF DEPUTY DIRECTOR

15 min. V. REPORT OF THE CHAIR

10 min. VI. PERFORMANCE CONTRACT WITH STATE

10 min. VII. PUBLIC COMMENT

VIII. ADJOURNMENT

Note: The minutes for the November 1994 meeting were sent out to you with the last mailing. There was no MHB meeting in December.

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UNADOPTED MINUTES

Wednesday, January 11, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Mel Miles (Chair); Pamela Balls Organista, Ph.D.; Norma Block; Everett Brandon; Darwin Dias; James Jonasson; Lois A. Jones; Maria Leib; Suzanna Mah, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Supervisor Angela Alioto; Janice Cohen, M.D.; Robin Cooper, M.D.; Mitchelle Tanner.

ADJUNCT BOARD MEMBERS PRESENT: Brian Cheu; Steve Leoni.

OTHERS PRESENT: Jeff Jue (DMS); Sherry Barto (DMS); Kevin McLaren (Provider Task Force & Thunderseed Day Treatment); Joyes Burris; M.P.R. Howard (El Tecolote); Kinike Walker (San Francisco Depressive/Manic Depressive Association); Mike Wise (Residential Care Task Force - Consumer Member); John Fenwick (St. Mary's Adult Day Treatment Center); Glenda Jeong (Provider Task Force & Keystone Vocational Services); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Mel Miles, Chair, at 7:15 p.m.

RESOLUTION: That the minutes of the meeting of November 9, 1994, be approved as submitted. (Moved, seconded, and passed.)

II. PROGRAM REVIEW ORIENTATION

The Program Review Planning Committee (Maria, Leib, Norma Block, Darwin Dias, Suzanna Mah, with Sherry Barto from DMS) presented an orientation to program reviews, which included dramatic portrayals of interviewing program directors and program clients.

Basic information on how to conduct program reviews was included in Attachment A of the Board packet. Board members and other community reviewers were invited to call Mary Sue Planck or Rich Snowdon at the MHB at anytime to ask questions about program reviews.

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In addition, the following key points were made during the discussion of program reviews: Ms. Leib said: Program reviews are the *raison d'être* of the Mental Health Board. They are what the MHB is. It's important to do a fair and professional job.

Ms. Jones asked what happens with any plan of correction that comes out of reviewing a program. Ms. Barto said that DMS makes sure that the MHB gets copies of the program review summary reports and said that the MHB can request a copy of full reports, including corrections that have been required of programs. Dr. Balls Organista asked about what happens to a program that does not comply with corrections. Ms. Barto said that that depends on the seriousness of the issue in question. She said that the DMS response can range from the contract monitor nagging the program till the correction is made to not renewing the program's contract.

She said the program review report goes to the Health Commission attached to the proposed contract each year, and that the Health Commission asks about follow up with any plan for corrections described in the review. She added that in cases of serious deficiencies at a program, the Deputy Director is notified. Mr. Jue added that a monthly contract monitor's report is made to the Health Commission's Joint Committee on Mental Health. Ms. Santos asked if DMS could then be counted on to review all MHB recommendations for corrections. Ms. Barto answered, "Absolutely."

Ms. Jones noted that the general public call always call 255-3400 to request a copy of a particular program review.

Mr. Samples asked if it was okay to ask clients questions that are not on the interview form. Ms. Barto said, that it is fine to ask additional questions, but she noted that no information gathered outside the review process, such as hearsay, can be included in the review report. She said if there are special concerns about a particular program that are going to be raised, DMS notifies the program director ahead of time to give them a chance to be prepared to answer the concerns. She said DMS's concern is not so much to catch program doing things wrong, but to make sure that things are corrected and are done right.

Dr. Balls Organista asked about what happens if a program tries to cut back the interview time. Ms. Barto said that that shouldn't happen, because the time for the interviews is arranged ahead of time. Ms. Planck added that the MHB asks the programs to reserve a whole morning or a whole afternoon. It was the consensus that if a program does try to shorten the time, that the interviewer would have to use their best judgment about what to do, but could also always call into the MHB office for back up.

Ms. Jones noted that there are many confidentiality issues that affect children. She explained how phone interviews with parents were set up last year for the Infant Parent Program. Ms. Barto remarked that for children's programs, the consumer is the parent. She said it's not legal to interview children without the permission of parents. Ms. Jones said she wanted to see if it would be possible to directly interview some adolescent clients this year. Ms. Planck recommended that the Children's Services Committee and the Program Review Committee work closely together on the reviews of children's programs, since those reviews required a different process than reviews of adult programs.

Ms. Block alerted everyone to the fact that reviewers often discover that consumers haven't had any involvement in their treatment plan, and noted that it's important that they be involved in this.

Ms. Leib recommended that the reviewer write notes on each interview on the questionnaire, in order to accurately remember what consumers say during the interviews. Mr. Samples said that this Orientation presented by the Program Review Planning Committee was the best that he's seen in 12 years and complimented the Committee on their work.

Ms. Jones said she would like to invite Ms. Barto and Ms. Mah, who is the Program Review Committee Chair, to attend the Children's Services Committee meeting in February. Ms. Santos directed a concern and question to Ms. Jones as follows: When you do phone interviews, how can you verify that the person you are talking to on the phone is the parent? What if another adult is living in the house, and answers, and says they are the parent? Ms. Jones said that she felt she had to take word of the people answering the phone. She said that during last year's phone interviews she had no doubt that the people she was speaking to were the parents.

At the conclusion of the Orientation, there was a general round of applause for the "MHB Players."

III. COMMITTEE REPORTS, ACTION ITEMS

Executive Committee

Mr. Miles reported that the committee structure had been firmed up and Chairs for the committees had been chosen as follows:

Budget Committee - Norma Block, Chair
Children's Services Committee - Lois Jones, Chair
Public Relations Committee - Maria Leib, Chair
Program Review Committee - Suzanna Mah, Chair
SFMHEF Operations Committee - Mel Miles, Chair

Mr. Miles noted that the SFMHEF Operations Committee would take responsibility for a range of issues including, fiscal policy, fundraising, ethics, training, research, and communications. He noted that there would also be an Ad Hoc Committee on Long-term Care. He announced that Ms. Santos would be continuing as liaison to the DMS Committee on Culturally Competent Systems of Care, and that her work with that committee would be given a higher profile so MHB committees could benefit from her work.

Anti-Stigma Campaign
Mr. Miles noted that the Issues and Public Interface Committee was merging with the Public Relations Committee, and that Ms. Spanglet would continue to head up the Campaign through an Ad Hoc Committee on the Anti Stigma Campaign.

Ms. Spanglet called attention to Attachment B in the Board packet, including an overview of the Campaign and two possible television spots. She noted that the Campaign will be tested on focus groups consisting of people not already involved with mental health issues. She noted that she had had two feasibility meetings last week regarding the underlying concepts of the campaign and that the people she had spoken with were very impressed.

She then introduced Mark Wood, principal of Visicom Design Group which is located in Palo Alto. She said that Mr. Wood was donating his time and the time of his staff to work on the development of the Anti-Stigma Campaign. She noted that he would be presenting slides of materials developed so far to give people a good idea of the concepts underlying the Campaign and the general direction the Campaign was taking - not for feedback about specific details of each piece.

Mr. Wood then presented 10 slides: 3 in the first series, which focused on awareness of the issue, 3 on making the issue personal, and then 3 on what people can do. Finally he presented a slide of a proposed logo for the Campaign, based on the Van Gogh irises.

Many affirmative comments were made during the presentation of the slides. Some of the concerns raised included:

-- People are afraid of anything having to do with psychiatry, could we use something other than the word "mental" in talking about mental health.
-- I found the first phase of the campaign condescending
-- I hope there will be some way to put a spin on the Campaign so it will help mental health services during the budget season. I like the theme that it can strike anyone. Also we have a tremendous NIMBY problem. Anything that would help with that would be great.
-- I think this is a wonderful direction to go in. I'm sorry the MHB hasn't done this before. I'm concerned about sanitizing the issue of the seriously mentally ill. That's what the public really wants to know—what to do about the seriously mentally ill. If you hide them, you're not doing them a service.
-- This looks like a typical slick advertising campaign. It's almost a reinforcement of stigma. What about going to the mentally ill, and asking them for things. You could take a painting by a mentally ill person and one by a person who is not mentally ill and place them side by side and ask which painting was painted by which person. You could do the same thing with poetry. Let people see a work of beauty or art and associate that with the mentally ill.
-- Perhaps an anti-advertising approach could be tried.

-- Safeway hires the mentally ill—that can be shown; that people who are mentally ill can work.
-- I'd recommend not just using faces, but using people doing things. Everyone looks for meaning in their lives, everyone wants to be productive; it would be good to connect people to productive, meaningful activity.
-- All this is wonderful. I support about 56% of it. But there is a danger of getting into overreach; trying to do too much too fast. For some of this we're going to have to go community by community.
-- I'm not sure of the Campaign would fit in some communities. This won't play in the 'hood.

Mr. Wood replied that a whole series could be produced for each different community. He noted that the pieces he was showing could be produced in a whole range of formats, including print and broadcast ads, bus shelter ads, brochures. He said that ads would be done sequentially, not all at once. He said it hadn't been decided yet what kind of identifiers would be on the ad—like the name of the Mental Health Board.

Ms. Spanglet said that the Campaign is being designed strictly for San Francisco and then if it does well locally it can be opened up to statewide or national distribution. Mr. Miles noted that once something goes out on the airwaves or even up on the billboards, it's no longer just local, and said that there is a need for regional cooperation and support on anything like the Anti-Stigma Campaign.

Mr. Wood thanked people for their comments, saying again that the Campaign is just in the very beginning stages and that he thought that the comments made would be very helpful in the next stages of development.

Nominating Committee
Mr. Miles asked the Nominating Committee (Mr. Brandon, Ms. Mah, and Ms. Santos) to present their slate of officers. Mr. Brandon announced the following slate:

For Chair: Mel Miles
For Vice Chair: Janice Cohen
For Secretary: Pamela Balls Organista

Elections will be held at the February 8th meeting of the MHB. Mr. Samples noted that when the election is held, the Chair restates the slate, and then anyone on the Board may nominate anyone else on the Board. He said the process begins with the Nominating Committee, but doesn't stop with them.

Provider Task Force
Ms. Jeong announced that the PTF had set up 3 subcommittees: 1) Managed Care, 2) MIS: Management & Information Systems, and 3) Provider Advocacy and Education. We are still discussing the issue of research. Mr. McLaren added that the PTF has

produced research ideas, but to implement them is quite an undertaking. Mr. Miles said that the new SFMHEF Committee would like to coordinate with the PTF's research work. He said the MHB wants to be inclusive and work with as many organizations as possible. Ms. Jeong said, "We feel that and appreciate it."

Issues and Public Policy - Anti-Stigma Campaign
Ms. Spanglet requested a vote on the motion on Attachment B:
RESOLUTION: That the MHB approves the Issues and Public Interface Committee's (now the Public Relations Committee) proposal for an Anti-Stigma Campaign to be sponsored by the MHB, and authorizes the new Public Relations Committee to proceed with the complete development of the campaign materials, plans for placements, and any necessary fundraising. It is further resolved that the MHB requires final approval of the Campaign materials before they are released to the media for viewing by the general public. (Moved, seconded, passed.)

Consumer Task Force
Ms. Spanglet announced that the Task Force is in the process of trying to solve some of the many internal problems the group has been dealing with. She said that the CTF is planning to have Trudy Fulton Smith from the Support Center come to the February meeting to help set meeting ground rules and work on meeting process.

Children's Services Committee
Ms. Jones said the Committee is taking up the issue of managed care with a presentation by Nancy Presson of DMS.

IV. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue reported as follows: Managed care did start as planned on January 1, 1995. DMS has taken over the authority to review services, and we have been meeting at facilities. It's been a remarkable experience having this look at private fee-for-service programs. The cross over between DMS programs and private programs is astounding. Now we're getting a chance to put together where and how services are being used.

On the state level we are looking at budget cuts. Health and welfare are being especially targeted. The County budget is in horrendous shape, too. We are spending every waking hour trying to strategize what to do. DPH is looking at a cut of $40 million, and DMS will probably take ten percent of that cut or $4 million. No specific cuts in terms of programs or services have been decided yet.

The panel has been chosen which will select the agency to operate the new L-Facility on Potrero Avenue. The selection process is underway. There are 4-6 proposals submitted. People could apply to run the whole operation or only parts of it.

Last year we had 19 students in the Multicultural Student Stipend program. Total funding was $34,000.

Substance abuse is facing a major program reduction as of January 15, 1995. The combined reduction from all sources of funding comes to a total of $4 million. Many critical services will be cut.

Mr. Samples asked about people who are Medi-Cal/Medicare. Mr. Jue replied that there will be no immediate change for them.

Mr. Cheu asked if DMS has any thoughts on the federal act which is proposing to end all funding for anyone who is a legal resident alien. Mr. Jue replied that DMS has not yet anticipated that legislation. He noted that the position of the City & County of San Francisco is to defy implementation of any restrictions on eligibility tied to legal status. He noted the difference between that and the requirement that people served in San Francisco be residents of the city.

Mr. Jue concluded with the following: Despite the bad news, I do want to end with saying: Happy New Year. I'm thrilled with the energy and enthusiasm MHB members have put into the work they are taking on.

Action Plan and State Performance Contract

Both issues will be taken up by the Executive Committee at their next meeting. Mr. Jue noted that there was no definite deadline on the Action Plan, but that the sooner it was acted on the better. He said that there has been essentially no change since 1992 in the Performance Contract.

V. REPORT OF THE CHAIR

Mr. Miles said that the only item in the Chair's Report was to honor Everett Brandon for his 6 years of service on the Board and his service to the Board as Chair.

He continued as follows: I've known of Everett's work for many years, even before I knew him as a Board member. I know that he is an excellent writer and will be writing for the *San Francisco Independent* now as well as the *Sun Reporter*. I'll always remember him for his articulate and passionate advocacy for long-term care.

Mr. Samples added the following: I remember how you were drafted to serve as Chair. Thank God, you took that position. You ended up being one of the better chairs I've ever seen on the Board. You made long-term care an issue of the Board. I think there are a lot of consumers and family members who are very thankful for your service as Chair.

Mr. Miles presented Mr. Brandon with a plaque with the following inscription:

Award of Appreciation
presented to
EVERETT P. BRANDON
by the Mental Health Board
of San Francisco
January 11, 1995

For your long-term service as Board Member and Chair,
For championing the issue of long-term care,
You'll remain in our thoughts, in our work, in our hearts
Long-Term!!

Mr. Brandon made the following remarks: I didn't set out to advocate for long-term care, there was a vacuum there that needed filling. This is a bittersweet moment. I'm glad to be leaving the Board for a year. Those two years as Chair were some of the most grueling of my life. (This sentiment was immediately seconded by Mr. Miles.)

But it has been a pleasure to work with all the people on the Board. I appreciate all their energy and commitment. I can be as tough on DMS staff as anyone, but they do an awful lot to bring quality of life to people.

There is a real pain among the mentally ill and it is with them 24 hours a day. I don't know how they stand it...all their lives. Medications have helped, but not enough yet. We need to support more research and development of medications. I hope DMS will make sure that medications remain affordable.

Many times I've heard people say, "Just as I'm beginning to understand the issues, I'm leaving the Board." This is true, but there is a sense of being burned out, too. These meetings do take time, but it's also like being with your family.

I appreciate your support of me as Board member and Chair and hope you will always feel free to call on me.

Mr. Miles then said he had talked with both Mr. Brandon and Mr. Samples about forming a Council of Chairs to keep in touch with the knowledge base that former Chairs have.

VI. PERFORMANCE CONTRACT WITH THE STATE

Covered under the Report of the Deputy Director

VII. PUBLIC COMMENT PERIOD

Mr. Leoni made the following points: Activism is already beginning around budget issues. There was a major meeting in the Mayor's Office, and the Mayor will decide what to do about the substance abuse funding cuts tomorrow. Angela Alioto is saying that these programs should be saved by the Mayor's Office and should not have to go back to the Board of Supervisors. It's important to note that many of these programs are dual diagnosis, and so mental health clients are impacted. Also children's programs are now at risk because of what is happening with Proposition J.

Mr. Fenwick from St. Mary's Adult Day Treatment Program made the following points: Medicare has requested that we switch from long-term care to a 6-month program. We are using the Personal Strengths Model and involve consumers in guiding the program. We are also setting up an outpatient program. I'd be interested in talking with people about long-term care.

Joyes Burris made the following points: I called in late September to register a complaint relating to 5150's. A woman I know was 5150'd by a security guard where she worked. I have two complaints or possibly questions: 1) The event occurred on a Friday morning, and Patients Rights Advocacy Services was called Saturday evening. To date, no one has called back from PRAS. This disturbs me as a citizen. These people are receiving money and not providing a service. 2) I'm concerned that a security guard can request a 5150 and get it approved and have someone put in Langley Porter for 5 days.

Ms. Santos asked about the reason the security guard had used for the 5150. Ms. Burris replied as follows: The security guard said she had threatened to get a gun and kill people at work. But that was a lie. Then 8 police cars showed up at her house.
Mr. Jue asked Ms. Burris to talk with him immediately following the meeting, so he could look into it, and Ms. Burris agreed. She asked how many people are 5150'd in San Francisco, and how many people call PRAS and get no response. Mr. Jue replied that 6,000 people are 5150'd in San Francisco in a year and added that this is one of the highest rates in the state.

Ms. Santos said that cultural competency had not been mentioned in the Action Plan, and that she had brought written recommendations with her. She was thanked for bringing the recommendations.

Mr. Howard asked the following questions: 1) (To Mr. Jue) Have you seen any correlation between cuts from Sacramento to pressure the City of San Francisco to comply with Proposition 187? Mr. Jue replied that he did not see that as a theme or a strategy on the part of the State. 2) (To the whole Board) I sent a document to the Board regarding my resignation from the Consumer/Family Member Task Force. Have you received it? Ms. Planck said she could share that letter with the Board.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:25 p.m.

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SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD

Wednesday, February 8, 1995
1380 Howard Street, Fourth Floor Conference Room
7:00 p.m.

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AGENDA:

I. **CALL TO ORDER/APPROVAL OF MINUTES**

II. **ELECTION OF MHB OFFICERS FOR 1995:** ACTION (See Attachment A)

III. **MHB PRESENTATIONS FOR 1995:** DISCUSSION, POSSIBLE ACTION (See Attachment B)

IV. **MHB COMMITTEE REPORTS, REPORTS FROM MHB REPRESENTATIVES TO OTHER COMMITTEES:**
- Executive Committee - Ratification of Action Taken - (See Attachment C)
- Budget Committee
- Children's Service Committee
- Program Review Committee
- Public Relations Committee
    - Consumer/Family Member Task Force
    - Provider Task Force
    - SFGH CAB
    - DMS Committees
        - *Cultural Competency
        - *QIC
        - *Managed Care

V. **REPORT OF THE DEPUTY DIRECTOR**

VI. **PUBLIC COMMENT PERIOD**

VII. **ADJOURNMENT**

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UNADOPTED MINUTES

Wednesday, February 8, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Mel Miles (Chair); Jerry Windley for Supervisor Angela Alioto; Pamela Balis Organista, Ph.D.; Norma Block; Everett Brandon; Janice Cohen, M.D.; James Jonasson; Lois A. Jones; Maria Leib; Suzanna Mah, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Mitchelle Tanner..

BOARD MEMBERS NOT PRESENT: Robin Cooper, M.D.; Darwin Dias.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

OTHERS PRESENT: Jeff Jue (DMS); Reiko True (DMS); John Fenwick, L.C.S.W. (St. Mary's Adult Day Treatment Center); M.P.R. Howard (El Tecolote); Mike Wise (Residential Care Task Force - Consumer Member); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Mel Miles, Chair, at 7:02 p.m.

RESOLUTION: That the minutes of the meeting of January 11, 1995, be approved as submitted. (Moved, seconded, and passed.)

II. ELECTION OF MHB OFFICERS FOR 1995

Mr. Miles provided a handout on election procedures, and then announced the slate of candidates recommended by the Nominating Committee: For Chair, Mel Miles; for Vice Chair, Janice Cohen; for Secretary, Pamela Balls Organista.

Ms. Block took over as Acting Chair for the election of the Chair. There were no nominations from the floor. Mel Miles was re-elected Chair of the MHB.

Mr. Miles resumed chairing the meeting. Norma Block was nominated from the floor for Vice Chair by Dr. Balls Organista, seconded by Mr. Samples.

Ms. Santos, member of the Norminating Committee, arrived at this point in the meeting and before sitting down made the following request: Since I'm standing, could I speak? This is nothing against Norma, but initially Norma declined to accept this nomination...

Mr. Miles interrupted at this point and noted that during an election additional remarks were not proper. Ms. Santos asked if she could finish what she started saying. Mr. Miles said that she couldn't, that she was out of order.

Dr. Cohen asked to be recognized, and then stated that she was withdrawing from the running for Vice Chair. She began to explain that she had agreed to run when Ms. Block had initially declined to be nominated. Mr. Miles noted that withdrawing her nomination was an appropriate item of business, but that additional comments were out of order until after the election was over. Ms. Samples noted that according to Robert's Rules of Order discussion was out of order during the election itself.

Norma Block was re-elected Vice Chair of the MHB.

There were no nominations from the floor for Secretary. Pamela Balls Organista was re-elected Secretary of the MHB.

Dr. Cohen then stated that she would like to make a motion to revise the by-laws of the MHB to make sure there is a consumer and a family member on the team of officers. She added the following: Mary and I are concerned about this. Norma withdrew her nomination, then changed her mind. I was put in a difficult position of advocating for family members and for those consumers who are in need of long-term care. I would like this issue to go to the Executive Committee at the earliest possible moment.

Ms. Mah responded with the following: I was on the Nominating Committee, and I didn't think that mandating the officer positions was a major issue.

Ms. Santos replied as follows: I was on the Nominating Committee also and you were the one who brought that issue to us.

Ms. Mah responded as follows: That was one of the issues to consider, but there were many issues discussed with regard to nominating Norma.

Mr. Miles added the following: I think all of us would like to see an egalitarian slate, including a consumer, a family member, and other stakeholder. But this is not always possible. I would be willing to support a change in by-laws, but there would be a problem with looking at the status of the person first instead of the match of the person's abilities to the position.

Mr. Samples made the following points: There was a time when there were no consumers on the Executive Committee, but I am not ready for specific language. There are some other possibilities. For example, an at-large consumer member could be included in Executive Committee meetings, if no consumer were elected to a position as officer.

Mr. Miles then called for a vote.

Ms. Santos made the following remarks: We're here for the consumers and family members. Family members may need to represent low-functioning consumers like I have, whereas a high functioning consumer like Norma can stand on her own feet.

RESOLUTION: That the Executive Committee at its next meeting propose a revision of the by-laws of the MHB to ensure in some way that a consumer and family member will be among the officers of the MHB. (Moved, seconded, failed to pass.)

Ms. Block, in reference to prior comments, addressed the following to Ms. Santos and Dr. Cohen: I really resent you calling me a high-functioning consumer. How can you know about me. And I resent you saying that I can't represent down-and-out consumers—because I was myself down and out, and I know more about it than you do.

III. MHB PPRESENTATIONS FOR 1995

Postponed to a latter time.

IV. MHB COMMITTEE REPORTS, REPORTS FORM MHB REPRESENTATIVES TO OTHER COMMITTEES.

Mr. Miles noted a point of procedure—that an MHB committee can bring a recommendation directly to the Board during its committee report without necessarily taking it to the Executive Committee first.

Budget Committee

Ms. Block, Chair of the Committee, called attention to Attachments D1, D2, & D3 from the Budget Committee. She said that the first meeting of the new committee had been a very exciting and productive one. She noted that Monique Zmuda from DMS and DPH had attended and had provided excellent background on the current state of the budget, as well as three succinct priority points which could serve as the focus for discussions of the budget with policy makers.

She also gave high praise to Jerry Windley, legislative aide to Supervisor Angela Alioto, for his outstanding presentation on how the MHB could participate in the budget process this year, and asked him to briefly review his key ideas.

Mr. Windley responded as follows: As you can see from the attachments, we had a very productive discussion about strategies for approaching the budget. I made a proposal to link up with other councils, boards, and commissions. I talked about the HIV Planning Council, which is responsible for the distribution of Ryan White AIDS funding. When you cut AIDS money, you are affecting people with mental illness. The Mayor has not gotten it yet, that when you cut health funding you affect a diverse group of clients.

There is a possibility that the Health, Public Safety, and Environment Committee, chaired by Angela Alioto, will be holding hearings so that groups like the Mental Health Board can testify on their concerns about the budget, early in the process.

Ms. Spanglet asked if the results of the hearings would be reported back to the full Board. Mr. Windley replied as follows: No, not directly, but all the Supervisors will be invited to attend the hearings, and there is the possiblity of doing a joint hearing with the Budget Committee. Certainly the Supervisors who attend the hearing will be in a position to take what they've learned back to the full Board during budget discussions. I look at these hearings as a an opportunity to assess the budget situation early on.

Dr. Cohen made the following points: This is the fourth time this issue has come up since I've been on the MHB. We originally talked with Supervisor Shelley's office about doing a hearing on public safety, not as a quality of life issue, but as a misuse of public safety dollars, given the way things go now. Two things would be most helpful: 1) information on cost-effectiveness of mental health services, and 2) personal testimony.

What kind of budget would we need to put together a hearing? We need to put a plan together. Perhaps we could have the hearing broadcast. What kind of staff support could you give us?

Mr. Windley replied that there are only 2 people working in Supervisor Alioto's office, and asked Dr. Cohen what kind of support she wanted, especially given that DMS has many more staff.

He continued as follows: It would be great do the hearing in such a way as to get a lot of media attention. The Committee on JOBS will be buying lots of advertising space, and the *Examiner* will likely be running its "Fat City" series again, so there needs to be a strong response from the health community.

My thought was to build a coalition. What I see year after year is that groups come together for a rally on the steps of City Hall, but as groups have their programs restored they drop out of the process. People don't stay in and support each other right up to the end.

Dr. Cohen noted the following: Last year we lost our coordinator for the San Francisco Coalition for Mental Health (through the Mental Health Association.) We figure we'd need at least a part-time organizer to coordinate coalition building.

Mr. Miles then called attention to the action items.

Mr. Windley reviewed Attachment D2, regarding coalition building, and noted that he felt there needed to be a broader coalition than just the Public Health Coalition, since it typically has become focused on union issues.

RESOLUTION: That representatives of the Mental Health Board formally meet with the HIV Planning Council, specifically, as well as additional organizations or groups, and make plans for working with them throughout the budget season in a mutually-beneficial way. (Moved, seconded, passed.)

Mr. Windley said the would put the coalition-building issue on the agenda of the HIV Planning Council which will meet on Monday, February 13th. And encouraged everyone to continue building effective working relationships with other organizations.

Ms. Block then reviewed attachment D1. Mr. Samples noted the following: We have a history of being involved in this issue and I think we should continue that. The Rehab. Facility can bring people back into the county.

Dr. Cohen added the following: We should try to get endorsements for the letter form other organizations such as SFAMI and the MHA.

RESOLUTION: That the Mental Health Board send a letter to the Mayor, the Supervisors, the Health Commissioners, and the Director of the Department of Public Health, stating that the MHB requests that adequate funding and support be provided for the operation of the new Rehabilitation Facility on Potrero Avenue, so that reductions of other mental health services will not have to take place. (Moved, seconded, passed.)

Ms. Block then reviewed Attachment D3, especially the Position Statement. She emphasized the value of the MHB having a clear, unified focus in budget discussions, and of members hammering home the same priority points in meetings with policy makers. She also noted that the Budget Committee would very much like to work closely with the Public Relations Committee in carrying out the plan for the budget season.

Dr. Cohen remarked that the managed care point in the Position Statement was still open, because it is not known what the risk will be or how entitlement will be defined.

Mr. Samples responded as follows: We can't wait until every "i" is dotted, and every "t" is crossed before we take action. The committee Norma chairs has worked hard. I think we should take some action now and get additional facts together then beef up our action later.

Dr. Cohen asked Mr. Jue if DMS had any idea what it will cost, beyond the basic budget of $114 million to be able to assume the risk of managed care. Mr. Jue responded that no numbers are in yet since it was only two weeks since managed care started.

RESOLUTION: That the Mental Health Board approve and adopt in principal the following general plan for the current budget season (for fiscal year 95/96), and charge the Budget Committee, working closely with the Public Relations Committee, with providing leadership to the MHB in carrying out this plan:

1. Position Statement with Request for Action
Develop a Position Statement, including:
-- An overall justification for supporting mental health services.
-- A clear, focused Request for Action, which will serve as the core of the MHB budget campaign. Include as a minimum the following three points in the Request:

a. That the Mayor and Board of Supervisors make a commitment that they will cut nothing from the $114 million currently allocated by the Mayor for DMS.

b. That the Mayor and Board of Supervisors make a commitment that they will provide sufficient support to DMS (and DPH) so that DMS will be able to successfully handle the implementation of managed care and the attendant risks, in order to ensure services for everyone who is entitled to them.

c. That the Mayor and Board of Supervisors make a commitment that they will provide necessary funding to successfully open and operate the Rehabilitation Facility on Potrero Avenue, without cutting funding for other mental health programs and services below their current level. (continued)

(Moved, seconded, passed.)

(The complete 3-page version of the resolution is in Attachment D3 for the MHB Meeting of February 8, 1995. The most important sections are presented above.)

Mr. Miles then addressed Ms. Block as follows: The report was excellent. You did a lot of good work and I commend you on it. Dr. Balls Organista said that it was remarkable that the Committee accomplished so much in one meeting.

Mr. Leoni said that apart from two cut positions elsewhere, the only service cuts were in mental health, and that this was very disturbing.

Mr. Miles agreed and added the following: Terry Sellards of the Mayor's Office, in our recent meeting with him, said outright, "You know we're going to cut mental health." Ms. Planck added the following: Mr. Sellards also said, "It's the only place we can cut," as if everyone knows that. He also said that no one ever contacts the Mayor's Office advocating for mental health.

Executive Committee
Mr. Miles briefly reviewed Attachment C and called for a vote.

RESOLUTION: That the Mental Health Board ratify the action of the Executive Committee in sending the letter of January 26, 1995, regarding the DMS Action Plan for 1995-96 to the DMS Deputy Director. (Moved, seconded, passed.)

Children's Services Committee
Ms. Jones, Chair of the Committee, announced that no meeting had been held in January since Nancy Presson of DMS had had to go to a conference in North Carolina. The February meeting would feature the presentation by Ms. Presson on managed care, and would also cover the topic of program reviews for children's programs.

Public Relations
Ms. Leib, Chair of the Committee, reported as follows: First, I want to congratulate Norma on an excellent plan. Of course the Public Relations Committee would be happy to work together with the Budget Committee. It's very important for us to get together in person with policy makers and city leaders in addition to writing and calling them. Therefore, we are proposing the idea of an event, a reception, with light food, perhaps in May, since May is Mental Health Month. We could put together a slide presentation for the event.

I keep running into the comment that no one from the Mayor's Office knows who we are. I'm dismayed about the vacuum we seem to be in and don't know what to do but get more exposure for the Mental Health Board and for each of us. Any Board member is welcome to come to our meetings; they're held on the last Thursday of the month.

Attachment E has 3 PR pieces—they are conceptual only—illustrating the theme: Who uses mental health services? Everyone. Everyone is a beneficiary of these services whether they know it or not.

Ms. Block remarked as follows: One thing I really liked about reading your minutes is you were including health period. I liked how you were saying "mental health = health." I like that you were talking about including all different groups—age, sex, ethnicity, etc.

Dr. Cohen said she wanted to express two concerns and addressed them as follows:
1) I agree that mental illness affects people who are working and who look like everybody else. But I am concerned about the homeless and low-functioning people who don't look like everybody else. I don't want to see them get neglected. I don't know the way to address it. People like my sister are left out. She doesn't look like everyone else.

2) I feel this public education is important, but I feel the key right now is to get grassroots constituencies around the city to support mental health.

Ms. Leib responded as follows: This is what we are doing. We are inviting *everyone* to our reception .

Dr. Cohen said she was concerned that the MHB go out to people, too. Ms. Leib responded as follows: Going out to groups is part of the Committee's plan. Your concerns are addressed.

Mr. Miles said that it's clear that we need a formal, organized PR plan, and all of us need to consider ourselves as *ex officio* members of the PR Committee. We need to be sending in articles and representing the Board well wherever we go.

Ms. Leib said she believed there were ways to use the media that the MHB hasn't begun to do yet.

Ms. Tanner responded as follows: I love the direction you are going in. There are different levels of how people look. As a consumer, it's very frustrating for me that where I go, help is being taken away, and that I'm having to come up with all this money to pay for services now. I hear this comment, "If you need some help, why don't you just get some friends to talk to." Too many people think therapy is just talk. There is a great deal of ignorance about the value of therapy.

RESOLUTION: That the Mental Health Board authorize the Public Relations Committee to: 1) Proceed with its Public Relations Campaign, with a target date of May 1995; and 2) plan a reception in April or May to get to know key people in the city and give them a chance to get to know MHB members. (Moved, seconded, passed.)

Mr. Miles thanked Ms. Leib for a great report.

Program Review Committee

Ms. Mah, Chair of the Committee, reported as follows: The Committee will be open to a variety of topics and will not just be limited to program reviews. It will be open to looking at topics such as managed care and any other program-related issues. We will also be bringing in speakers.

Ms. Spanglet said that perhaps to get people more interested in the committees, the agenda of each committee meeting could be sent out to all MHB members.

Dr. Cohen said that she wanted someone to answer if the current program review process is going to be changed. Mr. Jue said that we was going to change because of the new managed care environment, but that that didn't mean that the best parts of the current system would not be retained.

Consumer/Family Member Task Force

Ms. Spanglet reported that the Executive Committee of the CTF would be meeting on February 9th with Trudy Fulton Smith, trainer and consultant from the Support Center, to plan a special 3-hour meeting on February 21st, to set meeting ground rules and write a mission statement for the CTF. Ms. Spanglet said she hoped the meeting would be as productive as the MHB retreat last September.

Provider Task Force
Dr. Balls Organista reported that the PTF is very concerned about managed care and that Louise Rogers of DMS had been scheduled for the February meeting, to make a presentation and respond to questions prepared in advance by the PTF. Dr. Balls Organista said it was very interesting serving as the liaison to the PTF, and that the group had generated some very good practical questions.

Committee on a Culturally-Competent System of Care
Ms. Santos reported that there was no meeting this month. She noted that Mission Mental Health is currently short a Spanish-speaking counselor and that RAMS is short a Russian-speaking counselor.

Quality Improvement Committee
Dr. Cohen said that the QIC was about to undergo a major transition. She said the products of the Committee to date included the successful completion of the Grievance Procedure as well as the Consumer Satisfaction Survey, which is a questionnaire which will be left at reception areas of programs for consumers to voluntarily fill out. She said she felt this survey was quite good.

With regard to the target population she said that a group of people including herself had submitted a proposal to Mr. Jue for revising the target population and that it is under study.

She also mentioned a letter that she and Mr. Dias had sent to Mr. Jue regarding an incident of a man going AWOL from an IMD with serious consequences. She said that the letter had gone to the MHB Executive Committee.

Managed Care Committee
Mr. Leoni reported that surveys of high-end fee-for-service clients have not shown serious duplication of services. He noted that Tina Yee and her Committee had produced an excellent document on cultural competence.

V. REPORT OF THE DEPUTY DIRECTOR

Mr. Jue reported as follows: With regard to the budget, it is not just a matter of money. We need to be concerned with flexibility as well. It takes 2-3 months to get a resolution through the system, and that's with support. If there is opposition it can take 6-12 months. DMS did real well last year and made money. We managed to save $2.5 million for the Rehabilitation Facility, but the City scooped it up. Programs and departments that perform need to be rewarded and funds save need to be reinvested in the program. Capital improvements get stripped off during the budget process.

The system needs flexibility, responsiveness, incentives, rewards, and reinvestment. We need to be able to do multi-year planning. It's not right that on June 30th we have $2.5 million that we've managed to save, and then on July 1st, the first day of the new budget year, we instantly have a $4 million deficit.

Reiko True of DMS then provided an update on the inpatient consolidation phase of managed care which began on January 1, 1995, reporting as follows: We had very little time to prepare for consolidation. We got confusing and mind boggling directives from the State and there were many changes in those directives. Since January 1st, we are now providing authorization for all MediCal patients admitted to private hospitals. The hospitals are being very cooperative and we are creating a mutually-supportive relationship.

She then reviewed the handout she provided. Concerns were expressed about the increased load of paper work, and the option of dropping out of the EDS data system sometime in the future was discussed.

Ms. Mah stated the following: I work at a private hospital and it depends on the therapist whether a MediCal patient is seen. Some therapists just ship them back to SFGH. Ms. True responded as follows: If a private hospital does not agree to accept a referral the client doesn't get sent there. But at the same time we have a contract with the hospitals in which it is stated that they are not allowed to discriminate. That's the principle. How it's put into practice, we'll have to wait and see. Ms. Mah said she was concerned about quality control. She asked if someone from DMS could make a presentation to the MHB on that issue. Ms. True said that the hospitals are asking why this new element of DMS quality control is being added. But we do have contracts with the hospitals, so we can do program reviews. To do quality control would take more staff; we're debating it now.

Ms. Mah said that quality control is a major issue in private hospitals, because patients do not get quality care and that has to be addressed.

Mr. Samples noted that private hospitals which are designated facilities have to take MediCal clients. Dr. True agreed and said that this is in the contracts. Ms. Santos said that the Grievance Procedure was also available to the clients. Ms. Mah said that the grievance procedure was one of the tools, but that many patients are not capable of using the procedure.

Ms. Santos remarked that most MediCal patients will be admitted by private hospitals. Ms. Mah disagreed, stating that the private hospitals do discriminate. She said many times when a therapist hears that a MediCal patient is there for an intake, he will not come do the intake or will delay it for hours. Ms. Santos replied that not all therapists do that. Ms. Mah replied as follows: But that's the policy issue I'm concerned about. Dr. Cohen said that that was changing, especially under managed care.

Mr. Wise asked about case coordination and case management and Dr. True said that the majority of clients referred to private hospitals already have a coordinator and that in the remaining cases the hospitals are required to get in touch with the clusters to establish a connection, so DMS can provide follow-up care to prevent re-hospitalization.

Mr. Jue then continued his report as follows: I wanted to commend everyone on all the advocacy work that has been done. I truly believe it has had an effect. I feel it when I go before the Board of Supervisors and in terms of the Board's priorities. When I've gone before the Budget Committee in the last three weeks, they immediately passed a $2.5 million supplemental appropriation for capital expenses at the new Rehabilitation Facility. In contrast a $400,000 supplemental from the DA's Office took over four hours. The Budget Committee also passed $2.2 million for other items such as PES safety plans, beds at SFGH, acute diversion unit expenses, and expansion of the Club House program. There was no contest, and no questions were asked. They understood the necessity of these expenses. They also passed $3.2 million as a managed care supplemental. One of the things we will be doing now is establishing an 800 number to deal with complaints as well as to do on-demand evaluations. We will have access to the system 24 hours a day, 7 days a week. And we will have a mobile emergency response team 24 hours a day 7 days a week.

So I wanted to tell you that some of the negative attitudes you've heard about mental health services are not at the Board level—there's support there. I think we are now seeing concrete returns on all the letters, faxes, and visits. The right thing isn't going to happen just because it's the right thing to do.

DMS is looking at contracting out program reviews. A proposal is going out in the next few weeks. We want to get an objective, disinterested, 3rd party involved. We are working hard with the State to see if we can find some way to get MediCal reimbursement for the Rehabilitation Facility. The contractor is on time and the building is coming in on budget.

With regard to the disaggregation of the 8 programs operated by California Pacific Medical Center, proposals have been received with regard to the children's programs. RFP's have gone out for geriatric programs. We are now looking at how to maintain continuity with the other programs: Westside Lodge, CVE, and Thunderseed.

Mr. Jue then announced that he submitted his resignation as Deputy Director effective as of March 31, 1995, with his last day of work being March 17th, and made the following remarks:

This is an exhilarating, stimulating, and challenging job. The demands, physically and emotionally, are overwhelming. I didn't think I could meet the higher demands which will be required under the new managed care environment. More of everything will be required.

I'll be taking over as Director of the Department of Social Services of Stanislaus County. I wasn't really looking for a job, but they did active recruitment. One of the attractions is that Stanislaus County has only 5 Supervisors and they and the chief executive officer of the County are all committed to making DSS responsive to the people it serves.

The things that have exhausted me in my current position have nothing to do with the clients and advocates, but with dealing with the bureaucracy and the system. Also dealing with external threats. I have been really excited by the direction the MHB has taken over the last months. I know it's really having an effect—not that we aren't still facing a lot of challenges, but the advocacy seems to be working.

Mr. Miles responded as follows: I truly have enjoyed working with you. I have been associated with DMS for the past 12 years, and you have been more open and more accessible and more humane with regard to clients. I don't mean any disrespect for the past Directors, but you have been special. There was a confirming round of applause in response to the statement by Mr. Miles.

Mr. Miles then made the following points: In your Board packet you received some thoughts about teamwork from Angeles Arrien—about how much more we can do working together, than all working separately. I am now half way through my term on the MHB. I have only 36 hours of full Board meeting time left. I know I can do some good things just on my own. But together we can do much better things. I know that in the past year there have been some hurt feelings and some miscommunications. But I'm hoping we can get through that together. Thank you for electing me Chair and congratulations to Pamela and Norma.

Mr. Samples then said that the current Board has done more and accomplished more than any Board in the past 8 years.

VI. PUBLIC COMMENT

Mr. Howard made the following remarks: I recently resigned from the Consumer/Family Member Task Force and I think it is time for the CTF to receive more oversight. I applaud the CTF for its efforts to correct itself. But still it needs oversight so when it gets into a self-destructive mode, someone can give them a kick in the butt.

Mr. Miles replied as follows: The Executive Committee in its last meeting voted to invite a CTF representative to attend Executive Committee meetings as a non-voting member. Your concerns are being addressed.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:25 p.m.

Dept of Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
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MEETING OF THE FULL BOARD

Wednesday, March 8, 1995
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AGENDA:

10 min. **I. CALL TO ORDER/APPROVAL OF MINUTES, INTRODUCTIONS**

20 min. **II. VISIT WITH HEALTH COMMISSIONER SHARON GADBERRY, PH.D.**

20 min. **III. DISCUSSION OF TOPICS FOR PRESENTATIONS**
ACTION: See Attachment A

35 min. **IV. COMMITTEE REPORTS, ACTION ITEMS**

- Executive Committee: ACTION (Attachments B and C)
- Budget Committee
- Children's Committee
- Program Review Committee: (Attachment D - Information)
- Public Relations Committee
- MHB Representatives, liaisons to other groups
    - Consumer/Family Member Task Force
    - Provider Task Force
    - SFGH CAB
    - DMS Committees
        - *Cultural Competency, QIC, Managed Care

25 min. **V. REPORT OF DEPUTY DIRECTOR**

10 min. **VI. PUBLIC COMMENT PERIOD**

VII. ADJOURNMENT

You are invited to join us for a visit with

Commissioner Sharon Gadberry, Ph.D.

❦ The newest member of the Health Commission, Dr. Gadberry has been appointed Liaison for Mental Health Managed Care.

❦ Join us in welcoming Commissioner Gadberry and hearing her thoughts about the future of mental health services.

◆

Mental Health Board Meeting
Wednesday, March 8, 1995
7 p.m.
1380 Howard Street
(at the corner of 10th Street)

Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
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UNADOPTED MINUTES

Wednesday, March 8, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Mel Miles (Chair); Pamela Balls Organista, Ph.D.; Norma Block; Janice Cohen, M.D.; Darwin Dias; James Jonasson; Lois A. Jones; Maria Leib; Suzanna Mah, R.N., M.S.N.; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Mitchelle Tanner.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Robin Cooper, M.D.; Rich Samples.

ADJUNCT BOARD MEMBERS PRESENT: None.

OTHERS PRESENT: Commissioner Sharon Gadberry; Jeff Jue (DMS); Carmen Carrillo (DMS); John Fenwick, L.C.S.W. (St. Mary's Adult Day Treatment Center); Mike Wise (Residential Care Task Force - Consumer Member); Armando Sosa (Community Advisory Board, San Francisco General Hospital); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Mel Miles, Chair, at 7:04 p.m.
RESOLUTION (MHB-95-09): That the minutes of the meeting of February 8, 1995, be approved as submitted. (Passed)

Part of the Budget Committee Report was called out of order so that the MHB could respond to a request made by Supervisor Angela Alioto, Chair of the Health, Public Safety, and Environment Committee. Ms. Block, Chair of the Budget Committee reported the following: Jerry Windley, Legislative Aide to Angela Alioto, notified me that the Supervisor would like to hold a hearing on mental health services in approximately a month and would like the request the assistance of the MHB in preparing the hearing.

Jerry requested a review and overview of DMS and how things are going. I think that we could focus on the four points of our position statement and drive them home throughout the hearing so that the Supervisors will really get the message. Any MHB members who have points they would like to see made during the hearing, please call me or Maria or the office. Please call as soon as possible.

Dr. Cohen responded with the following: How will the presentation be handled? I'm a little confused about how the decision was made regarding the hearing. Some of us have been working on these issues for a good while. Ms. Block said that suggestions were welcomed from all Board members. She said the committee chairs would definitely be presenting at the hearing, and that other MHB members might be added, but that that was not yet decided. She said she wanted to get a balance of solid, comprehensive information and the personal touch both.

Dr. Cohen replied as follows: There's been a lot of discussion about format and intent with regard to such a proposed hearing in the past. It's best to compliment testimony by experts and MHB members with testimony from consumers and family members and people from the community. This piece seems to be missing. Mr. Miles noted the following: I think we have to trust that the committee chairs will seek out the input and participation that is necessary. I think this hearing is an excellent opportunity and a very important part of the work we are doing.

Ms. Leib added the following: I think the timing is good, because it's a little ahead of budget season. This is only one of the many forums that will occur during the budget season. It might not be the place for wider consumer testimony.

Ms. Block continued as follows: This is an excellent opportunity to make sure our annual report is read. The Supervisors will hear from us during the hearing, and then when they get the report as a follow up it will mean more to them. Mr. Miles noted the following: The questions they ask us will give us good ideas about the issues we need to include in the report.

Ms. Santos added the following: I met with my Supervisor, Tom Ammiano, last Friday, and he seemed very interested. He was very warm and supportive. I talked to him about maintaining the full $114 million in the budget and he said he would try to keep it in. He was very receptive. He is willing to come to one of our meetings. He said that the Supervisors could pass a resolution proclaiming May mental health month.

II. VISIT WITH HEALTH COMMISSIONER SHARON GADBERRY, PH.D.

Board members introduced themselves to Dr. Gadberry. Then Mr. Miles made the following points: We really appreciate you coming this evening and responding to our invitation so quickly. We were very interested in having someone with a background in psychology on the Health Commission and are very glad that the Mayor responded so well to our concerns.

He then introduced Dr. Gadberry and asked her to speak. She made the following points: I appreciate being invited to be here tonight. I'm in a very steep learning curve at the Health Commission. It seems like I've been in a meeting every day since I was appointed a month ago. I picked the Mental Health Managed Care Committee because, until 1980, I was a practicing psychologist. Right now I'm President of a company which does out placements for executives. So I'm still doing psychological assessments. But I'm not working in the system, so I need to get reacquainted with what's happening.

Originally I got a degree in Education and taught Spanish and social studies for 5-6 years. Then I got a Ph.D. in Clinical Psychology, but in a program with lots of research work and one that was very behavioral in its orientation. There was a clash between the behavioral and Freudian points of view and I straddled both and learned from everyone. I studied at Syracuse and then worked clinically on Long Island at what were then the new community mental health centers. I'm sad to see the money drying up for these programs. I worked in every aspect of mental health. I then taught clinical psychology at Adelphi for a number of years.

I'm very big on jobs. I think that's one of the most mentally healthy things a person can do. When you are working you can't think about other things. I know that works for me. I took a sabbatical and made a series of TV programs on daily living skills for developmentally disabled people. It was wonderful work. We ran out of money in 1980. By then I didn't want to go back to teaching and ended up in business, which I found to be really interesting and fun. And I started my own company in 1982. I'm kind of a lone voice for psychology in the business world.

I have been on the Human Rights Commission for 2 years. The reason I'm very interested in mental health managed care is that I've done a lot of out placement and I know a little about what it takes to change an institution, but I also know what opportunities big change also creates. I've found that every problem opens a new door to an opportunity. That's how I approach my own business and the people around me. I appreciate the opportunity to work with you. I would like to do something that helps mental health along the way.

Mr. Miles responded as follows: One of my concerns when I joined the MHB was the separation of physical health and mental health—the attitude that the body's here, but the mind is on the other side of town, so to speak. What's your response to this separation?

Dr. Gadberry said she noticed that this separation had been made also under managed care. Ms. Spanglet noted that someone with mental disabilities can have trouble keeping their body healthy as a result. Dr. Gadberry continued as follows: Drug addiction and alcohol abuse are problems which are both physical and mental, too. I'm very concerned that the jails have become like the substitution for the old mental health institutions—but without the same level of caring.

Ms. Spanglet noted the following: There are virtually no prevention programs left in the mental health system. Nancy Pelosi recently managed to convince a Congressional committee to support AIDS prevention by showing them cost effectiveness information.

If she can convince Congress, why can't we convince people in San Francisco about the value of prevention.

Ms. Mah added the following: As the MHB we would like to establish better relations and team work with the Health Commission. What would you recommend as the best way to go about this? Dr. Gadberry replied as follows: I'm still learning myself how this Commission works. It's very structured and formal. If you were talking about the Human Rights Commission, I'd just say come on over. I'm barely keeping up with what's on the Health Commission schedule. I think you could prioritize what kinds of issues you'd like presented to the Commission, then I can get it on the agenda.

Ms. Mah asked about managed care. Dr. Gadberry replied as follows: I got a briefing recently from Nancy Presson. It was excellent! I learned a lot about managed care and many other things as well. I have some concerns about children's services falling through the cracks. Managed care seems to be something of the same old challenge, only with new terms. I left private practice because of all the bureaucracy and regulations. I'm willing to help people dive in and get good things done.

Dr. Cohen made the following points: I think one of the big dilemmas is how do we support recommendations and changes in service delivery without jeopardizing support for the budget. How can we have an open discussion of problems in the system, and make recommendations without putting the funding in jeopardy. What's the mechanism where we can make constructive changes and dialogue around changes without threatening the budget. DMS funding is threatened because it includes a large proportion of General Fund money. Also San Francisco is seen statewide as a county too well endowed.

Mr. Miles added: The Mayor will say we are spending more than other counties, but San Francisco tends to be a magnet for people who are searching for more sensitive responses to their needs than they find elsewhere. Ms. Leib said that there is a huge problem with the State collecting MediCal. Ms. Spanglet noted that for San Francisco the issue comes to $33 million.

Dr. Cohen added: The goals for Realignment were ambitions and in the right direction. Now managed care has superseded much of what was started under Realignment. One big concern is to make it possible for counties to figure out how we can maintain quality management.

Ms. Block asked Dr. Gadberry if she had 2-3 goals in joining the Health Commission and what they would be. Dr. Gadberry replied as follows: I'm going to be really general. I want to see how well we can line up the resources with the real problems of people who need help. I want to discover where the real problems are and what are the most important ones and see that the resources get there and solve the problems. This seems simple, but people get involved in many other things. I would like to see the system be made more user-friendly. How can people get to the help they need without a lot of inefficiencies getting in the way? I want to increase people's understanding of mental health and how important it is.

Dr. Balls Organista then asked: What would you say are the greatest obstacles the system is facing; and is there anything in place that can be an asset? Dr. Gadberry replied as follows: Let me start with the asset. I'm so impressed with San Francisco, especially when I go to other countries and cities. We have our complaints about San Francisco, of course, but the degree to which people come together is remarkable; this is an amazingly activist city.

With regard to the problems: The changes are hitting us like storms lined up one after the other. And people who need help are lined up waiting for us to get the changes figured out. So the question is how do we make the system work in the meantime so people don't get discouraged.

Ms. Tanner made the following points: My biggest concern with all the changes is that people who need help who are not in the target population, now have to attempt suicide and be hospitalized in order to get into the system so they can get the help they need. I've seen this happen with people I know. I'm concerned about them; and I'm concerned that we are going to fill our hospitals with people who don't need to be there.

Dr. Gadberry replied as follows: This is *déjà vu*. This is disappointing to me. It should be that outpatient services should be very rich, in order to keep people out of the hospital. Ms. Tanner added: Peer support groups could make a big difference in helping people interact with each other, and in helping each other get better.

Mr. Wise made the following points: I have been a consumer in a residential care home since 1984. I'm a native San Franciscan. I'm on the Residential Care Task Force and various housing committees. I see housing as a big challenge and lack of housing as a big obstacle to what we're trying to do. Mayor Jordan has taken a lot of hits on the treatment of the homeless. I hope you would help the work I'm doing in the area of housing.

Dr. Gadberry responded as follows: I'm glad you brought this up. Are you familiar with the new proposal from the Mayor called the "Continuum of Care"? There is a whole section on mental health and housing I would think that this Board would want to become familiar with the recommendations and be able to respond to them. I'd like to hear your responses. Homelessness is not just homelessness, but is a whole host of problems. The Mayor's plan is to try to coordinate all the different programs and funding.

Mr. Miles then made the following remarks: I want to thank you again for coming to our meeting. We feel we have a strong advocate on the Health Commission. And I want you to know you can count on us. Dr. Gadberry responded as follows: I will want to count on you, too. The more I can be briefed by you the better. Then I will make up my own mind about what I think, and it may not always be what everyone wants me to decide, but I'm very open to dialogue.

III. DISCUSSION OF TOPICS FOR PRESENTATIONS

There was a discussion of the suggested topics for future presentations at MHB meetings. Not all MHB members had sent in their responses as to which ones should be the priorities. It was decided that the Executive Committee will consider the list to all be priorities and will make a plan for scheduling the topics, along with any appropriate presenters over the coming months.

Some of the comments made during the discussion included: Ms. Spanglet: I would like to see the MHB vote on the topics now rather than people on the Executive Committee with their own agendas deciding it. Dr. Cohen: I think there needs to be an overview of the system, so there is a context for the topics. My main concern is that there was a lot of work done by the Cluster Oversight Committee to identify issues and system problems. My concern is that there doesn't seem to be a lot of continuity between a big body of work and what we are doing now. I'm concerned that we'll lose that body of work. Ms. Planck: I'll be glad to send out the materials from the Cluster Oversight Committee to anyone who wants them. Ms. Santos: I would like to see a presentation on cultural competency added to the list.

IV. COMMITTEE REPORTS, ACTION ITEMS

Executive Committee

Dr. Carrillo made the following points about the housing plan: Dr. Cohen and Mr. Dias were part of the planning process which we tried to make as comprehensive as possible. Obviously we are very concerned about this issue. We would like very much to have an orderly systematic way to work with providers to develop housing. Your Executive Committee has reviewed the plan and I've received their comments.

Dr. Cohen said she would like to propose the addition of two issues: 1) The plan should also support housing not linked to services. Mr. Miles said that there would be time later to make additions to the plan, but that it was crucial to get the plan approved and sent on to the Board of Supervisors, so the plan doesn't get held up. Dr. Cohen said she felt this was a critical opportunity to add things. Mr. Miles closed the discussion. Dr. Carrillo said she was willing to work with Dr. Cohen and anyone else who wanted to make further recommendations. She said the plan was purposefully designed to be flexible and that there would be plenty of time to amend the plan. She said she could be reached at 255-3431.

Mr. Dias brought up an issue that was discussed at the meeting of the Community Advisory Board to the Dept. of Psychiatry at SFGH the evening before. He made the following points: I have many friends who have been 5150ed who have more and more complaints about Psychiatric Emergency Services. A lot of times the wards would be full, so people in PES would be sent to private hospitals. But recently PES has been more crowded. It can accommodate 14 people, but recently it has had to accommodate up to 20 people. Staff are rushed and pressed and see no end to the overcrowding and are getting abrupt with people and using abusive language. I thought private hospitals were also supposed to handle psychiatric emergencies.

Some of the hospitals are refusing services. Police are willing to take people to other hospitals. SFGH has a contractual agreement with all these other facilities. That seems to work for the wards, but not for PES. The hospitals have been hedging. Can something be done through the city contract to fix this. Either the City Attorney or DMS should get this straightened out. Mr. Jue replied as follows: PES is designated as the only involuntary detention site. When there is an overflow 5150's go to other hospitals. We're trying to get language into the contract that there is to be no screening of clients when they are sent over to a private hospital—a no-reject policy. I'll follow up on this.

Budget Committee
Ms. Block reported that the Committee is getting in touch with neighborhood groups and merchant associations to gain their support for mental health services.

Program Review Committee
Ms. Mah reported as follows: We recently had our first meeting and decided that our goal is to focus on the system being consumer-guided, culturally-competent, and community-based. We will be looking at a whole range of topics including: seclusion, consumer satisfaction, case management, crisis intervention, grievance procedures, etc. Program reviews are part of the work of the committee, and since the reviews go to the Health Commission with contract submissions we can have a very real impact.

Public Relations Committee
Ms. Leib reported that the MHB Reception was scheduled for April 14th and that invitations would be going out in the next week or so.

Children's Committee
Ms. Jones deferred the report until the next meeting.

Consumer/Family Member Task Force
Ms. Spanglet reported as follows: The last meeting was with Trudy Fulton-Smith, a consultant on organization development, and she was worth her weight in gold. We came up with new ground rules and processes and we're really going to follow them.

Cultural Competency
Ms. Santos reported that the DMS Committee on a Culturally Competent System of Care had come up with the draft of a plan for cultural competency in San Francisco.

V. REPORT OF THE DEPUTY DIRECTOR

This being the final meeting of the MHB which Jeff Jue would attend as Deputy Director, Mr. Miles presented him with a plaque which read as follows:

Presented to Jeff Jue
with sincere appreciation for:

Your kind heart,
Your true vision,
Your genial humor,
Your genuine commitment
to empowering consumers,
And your unfailing spirit of cooperation
in working with a lively Board
full of strong-minded advocates.

Mental Health Board of San Francisco
March 8, 1995

Mr. Jue thanked the Board. Then he said he would do a 60-second report, due the lateness of the hour. He reported as follows: A dual-diagnosis training is coming up. We've had 350 people sign up and have had to turn away more. I just attended at reception at the Office of Self Help, which was a gathering of all self-help groups in the city, and which is hopefully the beginning of an initiative that will continue to grow. We are currently carrying out a management consolidation to consolidate everything not nailed down. We are putting everything under 4 divisions, and this change will have a lot of impact on how we move into the future. The management leadership team is continuing to work well. We've had good cooperation with the California Pacific Medical Center in transitioning the 7-8 programs which they are giving up. Chateau Agape, which burned a year ago has been restored and it looks beautiful. It should be back on-line by August 1995. An RFP has gone out on a contract for independent program reviewers. The budget is before us again, and it's sinking and it's not pretty and we are trying to come up with an objective, data-based set of recommendations.

Ms. Santos asked for the rationale for having independent contractors do program reviews. Mr. Jue replied as follows: During the last round of reviews we identified several performance problems. For example, some monitors are softer and some are tougher, so there is a lack of consistency. Some monitors become advocates for their programs and some become adversaries. Our staff are each wearing a number of hats. So we thought it was time to get a fresh, independent look at programs. We really want to get out of the individual program reviews and look at the system as a whole, look at how programs relate to each other and the system.

VI. PUBLIC COMMENT PERIOD

There were no comments from the public.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:18 p.m.

// Dept of Pub Health

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SAN FRANCISCO MENTAL HEALTH BOARD

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NOTICE TO THE PUBLIC

The Mental Health Board of San Francisco will be holding a farewell luncheon for Jeff Jue, Deputy Director, Division of Mental Health and Substance Abuse Services, at the Half Shell Restaurant, 64 Rausch Street, in San Francisco, on March 17, 1995, from 12 noon to about 1 p.m.

It is expected that a quorum of the Mental Health Board will be present at this luncheon. This is not a meeting of the Board and no business will be conducted by the Board.

Members of the public are allowed to attend this luncheon as observers.

For further information, call 255-3474.

Public Health Dept.

SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

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MEETING OF THE FULL BOARD

Wednesday, April 12, 1995
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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DRAFT AGENDA

10 min. I. **CALL TO ORDER/APPROVAL OF MINUTES, INTRODUCTIONS**

60 min. II. **PANEL : WORKING WITH THE BOARD OF SUPERVISORS :** Jerry Windley of Supervisor Alioto's office will lead the discussion. Also joining the panel will be Steve Kawa of Supervisor Hsieh's office; Bill Ambrunn from Supervisor Leal's office and Patricia Dunn of Supervisor Teng's office.

20 min. III. **COMMITTEE REPORTS, ACTION ITEMS**

- Executive Committee: ACTION (See Attachment A)
- Budget Committee
- Children's Committee
- Program Review Committee: ACTION (See Attachment B)
- Public Relations Committee
- MHB Representatives, liaisons to other groups:
    - Consumer/Family Member Task Force
    - Provider Task Force
    - SFGH CAB
    - DMS Committees

20 min. IV. **REPORT FROM DMS/DPH**

10 min. V. **PUBLIC COMMENT PERIOD**

VI. **ADJOURNMENT**

NOTE: Members are asked to stay after the MHB meeting for a brief (15 minutes) Annual Meeting of SFMHEF, Inc. (our non-profit corporation, to which all MHB members belong). The purpose is to elect 7 Directors for 1995-96. The Board of Directors then handles all fiscal and legal matters on behalf of the MHB. See Attachment C in packet.

The MHB working with the Board of Supervisors

Featuring the following panelists:

Jerry Windley
Aide to Supervisor Angela Alioto

Steve Kawa
Aide to Supervisor Tom Hsieh

Bill Ambrunn
Aide to Supervisor Susan Leal

Patricia Dunn
Aide to Supervisor Mabel Teng

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The panelists will be answering these questions and more:
1. How can the MHB be more helpful to Supervisors and their aides?
2. What are the things you most appreciate in working with citizens on issues? What are the things for us not to do? What are your pet peeves?
3. What do you see are the special challenges we face in working on behalf of mental health as opposed to other issues? How would you recommend that we address those challenges?
4. What specific advice would you give us about this budget season as compared with past budget seasons?
5. What do you look for when you are making appointments to a commission or a board like the MHB? What advice do you have for us about recruiting potential Board members?

Join us at the Mental Health Board meeting
on Wednesday, April 12, 1995 at 7 p.m.
at 1380 Howard Street (corner of 10th)

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SAN FRANCISCO MENTAL HEALTH BOARD

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San Francisco, CA 94103
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UNADOPTED MINUTES

Wednesday, April 12, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Acting Chair); Jerry Windley for Supervisor Angela Alioto; Pamela Balls Organista, Ph.D.; Janice Cohen, M.D.; Darwin Dias; James Jonasson; Lois A. Jones; Maria Leib; Suzanna Mah, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Mitchelle Tanner.

BOARD MEMBERS NOT PRESENT: Mel Miles (Chair); Robin Cooper, M.D.

ADJUNCT BOARD MEMBERS PRESENT: None.

PRESENTERS:

Jerry Windley, Legislative Aide to Supervisor Angela Alioto
Steve Kawa, Aministrative Assistant to Supervisor Tom Hsieh
Bill Ambrunn, Administrative Assistant to Supervisor Susan Leal
Patricia Dunn, Legislative Aide to Supervisor Mabel Teng

OTHERS PRESENT: Jo Ruffin (DMS); Phyllis Harding (SFGH Administration); Ralph Jacobson (SFGH Community Advisory Board); Pam Fischer (SFGH Community Advisory Board); Roger Kat (SFGH Community Advisory Board); Ann Jennings (SFGH Community Advisory Board); Anita Burton; Emeric Kalman; Fancher Bennett; Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Acting Chair, at 7:08 p.m.

RESOLUTION (MHB-95-11): That the minutes of the meeting of March 8, 1995, be approved as submitted, with the following addition to page 6:

> **RESOLUTION (MHB-95-10): That the Mental Health Board forward the comments in Attachment C, "Mental Health Housing Plan," to Dr. Carmen Carrillo, and write a letter to the Board of Supervisors recommending that they adopt the plan so that there will be a legal basis for review and monitoring.**

(Passed)

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II. PANEL: WORKING WITH THE BOARD OF SUPERVISORS

Board members introduced themselves, then Jerry Windley introduced the members of the panel. Panelists then made remarks as follows:

Ms. Dunn: I'm really new at City Hall. I've never worked on legislation before. Our entire office is new, since Supervisor Teng was only elected in January. We are still getting our system set up. Most of my comments will be from my experience of working on the same side of the process as you are on. I come from the AIDS Foundation.

Mr. Kawa: I've been with Tom Hsieh for over 3 years. Supervisor Hsieh has been on the Board since 1986. He is now the Chair of the Budget Committee. I've worked with you before and am familiar with a lot of your concerns. I've brought a handout on the budget for you.

Mr. Ambrunn: I have worked at Susan Leal's office on and off for 6 months. I am particularly pleased to be invited to you meeting. For 15 years I have had experience in the area of mental health. I have a degree in psychology. I have a law degree and practiced law in San Mateo County. I was assigned to the Director of Health and the directors of mental health and substance abuse services, and to the Public Guardian and Conservator's Office. I did most of the LPS conservatorship litigation for the county. I am particularly interested child development and childhood psychopathology.

Ms. Spanglet then brought up the discriminatory nature of the site approval ordinance in San Francisco.

Mr. Ambrunn: In college I was taught that the most monumental problem facing mental health clients is the stigma they face. Fifteen years later, this is still the same. The last thing on the minds of people with mental disabilities is hurting other people. Usually they are just struggling with their own lives. With regard to the site approval ordinance, I'd suggest putting together a lobbying plan first.

Ms. Planck: We were told to get the Health Commission behind us.

Mr. Windley: The Health Commission in the past has been resistant to this. There is now a new commission, so you might invite some of the Commissioners here.

Ms. Spanglet: I talked with Sandra Hernández about this. Her concern was that if we asked for repeal of the site approval ordinance, it might backfire and the Board might end up extending it to other groups as well.

Ms. Jones: We need to try somehow to have Supervisors and Health Commissioners not see mental health services as a luxury. Especially regarding children and older people. Every year I see mental health given a lower priority than physical health. How do we get people to understand the need for parity for mental health.

Mr. Windley: I think it would help to let other people know this issue ties in with other populations. Lots of people are dually-diagnosed or triply-diagnosed. Members of the Board need to be made aware that when you cut mental health, you are hurting other populations as well.

Ms. Jones: Also when women drink or use drugs when they are pregnant, their children are going to be affected, too.

Mr. Kawa: Some things in the mental health budget are mandated. As you know this year substance abuse services became an issue because federal money went away and we had to find $3.2 million. Last year the Mayor said to cut $6.1 million from mental health. Mental health is spending $60 million more than what is mandated. That fight is going to be there again this year. There is a $102 million shortfall. That's just the city. The Governor is running for President. How will that play out? The federal fiscal year begins in October and that will probably impact our local budget. It's important to get out there and make sure your voice is heard. Last year Substance Abuse made the point that $7 was saved for every $1 spent.

Mr. Ambrunn: If we can't reach people on the human rights issue, then let's find an issue they can hear.

Mr. Windley: Homelessness is a big issue in San Francisco. People need to understand that by investing in these services, we could get people off the street, and police wouldn't have to be babysitters.

Mr. Samples: We have many halfway houses not wanting to take dual diagnosis clients. Why doesn't the Division order them to see and treat these people. Why are they taking tax payers dollars to do what they want to do instead of what we want them to do. With regard to Patients' Rights Advocacy Services, the Division wants them to work only in the hospitals. They do more than Title IX advocacy.

Mr. Ambrunn: I would be glad to check on how the contracts work. You can put out bids for new contractors, but if no one will bid, then you are stuck. I would be glad to follow up with you on this. When I was in San Mateo, there was no more difficult problem than dual diagnosis.

Dr. Cohen: I think this speaks to the need to coordinate across services. We're seeing a lot of cost shifting—people being served in county jails rather than in mental health services. How do we take these ideas of integrated services system and actually create an infrastructure to put this into effect?

Mr. Kawa: With regard to the legislative branch, the Board is willing to work with innovative plans and the Board craves plans which solve problems. You are doing important work here in helping the Division come up with better laws and they can be turned into law through a city ordinance.

Dr. Cohen: Can we come to you for help regarding the Continuum of Care? Mr. Kawa: Has the Health Commission signed off on the plan?

Mr. Ambrunn: The problem Steve is alluding to is that under the City Charter, the Board of Supervisors does not have the ability to implement programs like that. The primary job of the Board of Supervisors is to review and approve the budget. The executive branch works with the departments. The Board of Supervisors can pass a revolution asking the mayor to implement a plan.

Mr. Windley: I'm not away of unanimity on the Board on the Continuum of Care. My own Supervisor has some concerns about it.

Dr. Cohen: The Continuum of Care represents $20 million in funding. Mr. Windley: The Continuum of Care is not finalized yet.

Ms. Mah: I work in the mental health system and am frustrated. It seems that there is a hospital system and an outpatient system. It seems that the outpatient system gets cut, so people end up in the hospital. The hospital spends $700 per person per day. I'm concerned about people who are not eligible for Medi-Cal, but cannot afford private psychiatric treatment. These are people who are caught in the middle. People go into the hospital and a lot of money gets wasted in the system.

Mr. Windley: The Board only controls the General Fund money. As Sacramento and Washington cut and cut, there is not much left to go around.

Ms. Mah: Why are there no programs for people caught in the middle? Mr. Windley: That's a Health Department question.

It was suggested that the discussion re-focus on the original questions for the evening's panel.

Mr. Ambrunn: I go back to the stigma issue and information. To me the most important function of the Board is to get the right information to decision makers. It's important to have real people come in that talk with the decision makers—including consumers.

Ms. Block asked how important would it be to have a statement like "Seven dollars are saved for every dollar spent." Mr. Kawa: It's very valuable. Tom Hsieh used it in talking with the Mayor. The Mayor said, yes, these are fiscally prudent programs. So fiscally prudent programs have an advantage.

Ms. Block asked how important hard data is. Mr. Kawa said it was very important and advised that all the advocates speak with one voice.

Mr. Ambrunn: Know who you are talking to. Different supervisors have different issues. Make sure they get the information in the way they want it.

Dr. Balls Organista asked what the ideal way was to get information to the supervisors. Mr. Kawa: It depends on the office. For me it matters that I know the person is reliable.

Ms. Dunn: Written information is helpful. But then follow up with a one-to-one visit.

Ms. Spanglet noted that the Health Department budget is always at the end of the list when it comes to budget hearings, when supervisors are tired. Mr. Kawa said he would take that comment into consideration for this year.

Mr. Ambrunn: It's very important to learn about the supervisors—what information they want and how they want it. Start with written communication, then follow up with a phone call to the staff a week to ten days later. Ask the staff if they have had a chance to see the written communication. Then ask, "Can I come in for a meeting and bring some folks with me?" Think clearly about when to talk to the supervisors and when to talk to the staff. Don't feel slighted if the office wants you to meet with an aide; that's a good sign. It shows interest. Pick your time carefully for a meeting with the Supervisor. Such as when something comes up vote a vote and is urgent. Just let the aide know that you would appreciate working with the Supervisor on this issue.

It's important not to ask for too much time on an issue that doesn't deserve it. You don't want to develop a reputation for being the boy who always cried wolf. I heard Tom Campbell do a presentation about lobbying. He said it's important to get to know your supervisors and staff on other issues besides you main focal issue. This helps you develop a good reputation. Then they will like and trust you and listen to you when you have mental health issues to talk about.

Mr. Windley: It's important to get information in as soon as possible. There are only two of us in each office. Our time is very valuable. We want to make sure when we do have time to respond, we can do it well. When something is thrown at us just before a vote, I don't feel I am doing you a service. I need time to read and ask questions so I can brief my boss well. I need to be confident when I give information to Angela, so I don't look like a fool, and so your don't and so she doesn't.

Ms. Planck asked about appointments to the MHB, and do Supervisors want applications as they come in or in a group. Mr. Kawa: Give each Supervisor a choice on how they want them. Mr. Windley: I would like them all at one time. Ms. Tanner: This is a Board where we need people with lots of energy.

Mr. Ambrunn: There is also the issue of demographics. Supervisor Leal is on the Rules Committee and will certainly ask about that. There is a need to keep Boards and Commission filled, but also a need to meet diversity. The outreach and recruitment needs to come from the Board and Commissions. Some come before us and want us to provide them with someone.

Ms. Block: One of the challenges in working on the issue of mental illness is that there is a perception that we don't have a constituency . How do we persuade people in power that we are a force to reckon with?

Ms. Dunn: It's important to get input to the Supervisors—lots of phone calls and letters. Letters are our preference. Supervisor Teng is supportive of mental health services, but still needs more education. This panel was a wonderful thing to do. Already I'm learning a lot.

Mr. Ambrunn: The supervisors always pay attention when there is a large turn out at a meeting. Put a couple hundred people in a room and you'll get attention. The key is grassroots organizing and phone trees. A publicized voter registration drive is something you might consider.

Mr. Kawa: Think in terms of fighting to stop a specific cut or cuts, rather than in terms of fighting for the entire mental health budget. Figure out what you want to fight for.

Ms. Planck: We wanted to say thank you again to all the supervisors for designating May as Mental Health Awareness Month.

III. COMMITTEE REPORTS, ACTION ITEMS

Executive Committee

Ms. Block asked Mr. Dias to give a report on overcrowding at PES as outlined in Attachment A. Then Ms. Ruffin offered to respond to the issue and she reported as follows: I just started having responsibility for PES three weeks ago when I was appointed as Associate Director for Systems of Care. We are very concerned about this issue. The problems with diversion to private hospitals started years ago and has never been worked out to the satisfaction of either the private hospitals or SFGH.

There are two processes involved: the contracts, and the designation policy. The city did review the wording in the diversion policy. We're going to have a meeting with the private hospitals, hopefully on April 21st, to lay out the framework for diversion policy.

But just solving the issue of the diversion policy will not be enough. There is the larger issue of overcrowding. We don't want PES to be on diversion for days on end. Sandra Hernández has asked John Nickens to chair a committee on PES overcrowding and look for ways to stem the flow. We have tried to monitor the situation daily and have offered to send staff over as needed.

> **RESOLUTION (MHB-95-12): That the MHB send the letter addressed in Attachment A to Ms. Wang to Jo Ruffin addressing concerns about the overcrowding at Psychiatric Emegency Services. (Passed)**

Budget Committee
Ms. Block reported that the Committee was working on the hearing before the Health, Public Safety, and Environment Committee of the Board of Supervisors on April 25th.

RESOLUTION (MHB-95-13): That the MHB send the letter included in the second Board packet to Supervisor Tom Ammiano thanking him for the initiative he has taken on putting forth revenue solutions to the budget crisis. (Passed)

Program Review
Ms. Mah briefly reviewed Attachment B.

Public Relations
Ms. Leib apologized for the scheduling of the Reception on the first night of Passover and Good Friday. She reviewed the plans for the Reception.

Children's Committee
Ms. Jones reported on the programs the Committee has chosen to review.

Consumer/Family Member Task Force
Ms. Spanglet reported that the Office of Self Help would be presenting on their program and new community center at the next meeting.

IV. REPORT FROM DMS/DPH

Ms. Ruffin reported as follows: Sandra Hernández will serve as the interim director for DMS. Four interim associate directors have been chosen: Jo Ruffin, Associate Director for System of Care; Nancy Presson, Associate Director for Managed Care; Bill McConnell, Associate Director for Quality Management; and Monique Zmuda, Associate Director for Business and Operations. These four associate directors, plus two other DMS administrators will make up the Executive Committee. Tina Yee will join the Executive Committee with responsibility for cultural competence. There will be another appointment made to the committee in the future for someone to take responsibility for consumer guidance.

After a long battle at the Planning Commission, the new Clay Street facility, to be operated by Progress Foundation has been approved.

Ms. Santos asked the following: Who was the nominating committee and what was the process for choosing the new Executive Committee of DMS? Ms. Ruffin replied as follows: I don't know who was involved in the restructuring decision. These are interim appointments only. The pool of candidates were senior level staff in the Division. Ten people applied for one or more of the positions. This is a reassignment, so there is no increase in salary.

Jeff Jue convened a panel of people to participate in the interview and selection process. Mel Miles was on each of the panels to represent the MHB. When the new director arrives, there will be an open process for the 4 associate director positions, and anyone will be able to apply for these positions and the positions will become permanent.

Mr. Leoni asked about the position for consumer guidance. Ms. Ruffin said she didn't know the specific process for selection yet, and that Dr. Hernández would be following up on it.

VI. PUBLIC COMMENT PERIOD

Ms. Jennings noted that the SFGH CAB was working with DMS and PRAS on the grievance process to make it more user friendly. She said they had set up a consumer guidance committee which was being chaired by Carol Patterson, who could be contacted by anyone with suggestions for that committee. She continued that the CAB's transportable boutique had been a great success so far, providing clothing to people before they leave the hospital.

Mr. Wise asked what would be happening to the Socialization Program put together by the Residential Care Task Force. Ms. Ruffin said she would follow up on it.

Ms. Bennett, Director of Patients' Rights Advocacy Services introduced herself and noted that she is back from medical leave. She gave high praise to Gail Gresham the new senior staff attorney at PRAS for her hard work.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:05 p.m.

Dept. of Public Health

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Annual Meeting of the Corporation
Wednesday, April 12, 1995

8:45-9:00 (approximate)
Immediately following the MHB Meeting

AGENDA

1. Elect 7 members to the Board of Directors. (Three must be members of minority groups.) Current members, who are all eligible for re-election, are:

Mel Miles
Maria Leib
Janice Cohen
Norma Block
Lois Jones
Rich Samples

San Francisco Mental Health Education Funds, Inc., (SFMHEF) is the non-profit corporation that serves as fiscal agent for the MHB. All MHB members are members of the Corporation and each year they elect a Board of Directors to handle financial and legal matters. The Board meets as needed, usually 4 or 5 times a year.

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

Public Health

52

0/95

MEETING OF THE FULL BOARD

Wednesday, May 10, 1995
1380 Howard, 4th Floor Conference Room
7:00 p.m.

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5 mins I. CALL TO ORDER, INTRODUCTIONS

15 mins II. CONSENT CALENDAR (See explanation in Attachment A)

- Approval of Minutes

50 mins III. PRESENTATION: UPDATE ON STATUS OF DMS

Jo Ruffin will be present, and, depending on her schedule, Dr. Sandra Hernandez, who is serving as Interim Deputy Director of DMS in addition to her responsibilities as Director of Public Health . At DMS, along with the Deputy Director vacancy, there have been other administrative changes. Jeff Jue started a management reorganization, including a Team of Associate Directors with newly defined and reorganized responsibilities. Ms. Ruffin has been asked to give the Board an update on the new structure, including budgetary issues. (There will not be a separate "Report of the Deputy Director".)

40 mins IV. COMMITTEE REPORTS AND ACTION ITEMS

- Executive Committee: to include Report of the Chair
- Budget Committee: Report
- Children's Committee
- Program Review Committee: Mini-presentation: Suzanna Mah will outline and explain her checklist for reviews. This will be an opportunity for members to ask questions and go into as much detail as necessary.
- Public Relations Committee: Report, outline of plans for future events
- Reports of Representatives/liaisons from other groups
    - Consumer and Provider Task Forces
    - DMS Committees
    - SFGH CAB

10 mins V. PUBLIC COMMENT PERIOD

VI. ADJOURNMENT

MHB Bulletin

Mental Health Board, 1380 Howard Street, Suite 510, San Francisco, CA 94103-2614 (415) 255-3474 fax: 255-3567

Ninety-Nine Thank You's!!

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APRIL 17, 1995 - Last Friday, April 14th, the MHB held its first-ever Reception & Celebration. At the end of the evening, Acting Chair Norma Block said, "I want to thank each and every one of the the ninety-nine people who came out and made this such an enjoyable and memorable event.

"In recent years it seems like all we've been doing is dealing with bad news—more budget cuts, more programs lost, more people left without the help they need. This evening was different. It was a wonderful welcome change. This was an evening when stigma had to bow to empowerment!

"Yes, it was a celebration of Mental Health Awareness Month, but it was even more importantly a celebration of all the people who make up the mental health community. We've worked hard in the past two years to become better advocates and to turn ourselves into an effective and well-respected constituency. There's more to do, of course, but we've made significant, undeniable progress.

"Tonight was a chance to honor the work we've done, and a chance to say thanks to all the Supervisors, Health Commissioners, and civic leaders who have helped us in so many ways to move forward.

"On behalf of the MHB, I particularly want to thank the featured speakers of the evening for their heartfelt and inspiring messages: **Arthur Jackson**, President of the Health Commission; **David Fischer**, President of the World Affairs Council; **Robert Okin**, Chief of the Psychiatry Department at San Francisco General. Special thanks to **Senator Milton Marks** for coming in person to present a beautiful Certificate of Recognition and for his abiding support for mental health services. Thanks, also to **Supervisor Sue Bierman** and **Commissioner Margel Kaufman** for joining us. Thanks again to **Supervisor Angela Alioto** for sponsoring the resolution to make May 'Mental Health Awareness Month.'

"I want to thank the **Community Advisory Board at SFGH**, the **Alliance for the Mentally Ill**, and the **Mental Health Association** for all their support — the Reception was truly a cooperative event."

What's Next? Friday night was so much fun, there was a call to repeat the reception every Friday night! Organizer Maria Leib and her Committee promptly exercised a preemptory veto on that idea, but in their veto message stated: "This was just a beginning. We have more surprises up our sleeves and there are more events to come. Stay tuned!"

"Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it's the only thing that ever has." - Margaret Mead

To Be or Not to Be

A CONSTITUENCY

That is the Question—
You are the Answer!!!

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Thank You to
❤ *Supervisor Angela Alioto* ❤
Chair
Health, Public Safety & Environment Committee
for giving us a wonderful opportunity!!

She's asked the Mental Health Board to testify before her Committee—including Susan Leal and Terrence Hallinan—at a hearing on mental health...

Put over from: ~~Tuesday, April 25, 1995, 10 a.m.~~
To: ***Tuesday, May 9, 1995, 10 a.m.***
Interim City Hall, 401 Van Ness Avenue, 3rd Floor

Please join us: You can testify following the MHB or just come join us in the audience—but by all means...

Let's show San Francisco that we are a thoughtful, active, vigorous constituency and one to be sought after!

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Public Health

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UNADOPTED MINUTES

Wednesday, May 10, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Acting Chair); Pamela Balls Organista, Ph.D.; Robin Cooper, M.D.; Darwin Dias; James Jonasson; Lois A. Jones; Suzanna Mah, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Janice Cohen, M.D.; Maria Leib; Mel Miles (Chair); Mitchelle Tanner.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

OTHERS PRESENT: Jo Ruffin (DMS); Julie Peck; John Fenwick, L.C.S.W. (St. Mary's Partial Hospital Program); Fancher Bennett; Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Acting Chair, at 7:10 p.m.

II. CONSENT CALENDAR

RESOLUTION (MHB-95-14): Be it resolved that the minutes of the meeting of April 12, 1995, be approved as submitted. (Passed)

III. PRESENTATION: UPDATE ON STATUS OF DMS

Jo Ruffin, Associate Director of DMS for Systems of Care, distributed a chart of the new DMS structure and made a presentation on DMS as follows: Before Jeff Jue left as Deputy Director in March, he had completed a plan to have 4 Associate Directors for DMS. He made interim appointments before he left:

Jo Ruffin, Associate Director, Systems of Care
Bill McConnell, Associate Director, Planning/Quality Management
Nancy Presson, Associate Director for Managed Care
Monique Zmuda, Associate Director, Business and Operations

These four plus the Deputy Director are to make up the Executive Committee. An additional member of the Executive Committee is Tina Yee who is responsible for a culturally competent system of care. Charlie Matamoro has been appointed as a specialist on the integration of mental health and substance abuse services. John Nickens, Assistant Director of Progress Foundation, has been appointed to chair a committee on the overcrowding at Psychiatric Emergency Services (PES).

We'll be in a process of redefining functions and roles. First some background on Medi-Cal Managed Care. Sometime ago, the State decided that all Medi-Cal patients should be enrolled in some kind of managed care. The health department is developing an HMO for Medi-Cal patients.

On the mental health side, there is a lot of concern that services be provided by people knowledgeable about mental health. The State "carved out" mental health from other health programs. So in San Francisco, if you receive Medi-Cal, you may be in one of a number of MHO's for physical health. And the State will act as the broker of services.

But for mental health care, you will come to DMS. DMS will be the broker and will assume risk. We have to plan services for all the mental health care for all the Medi-Cal people. This is about 120,000 people in San Francisco. Many states don't have this many Medi-Cal people. This means we will have a very different system than in the past where we have had to limit access. The federal government will now be looking for open access. Medi-Cal changes began in January. DMS has become responsible for managing all hospitalization of Medi-Cal mental health clients. Next January we will take responsibility for all outpatient services.

Ms. Ruffin then reviewed the chart she handed out showing the system of care under managed care, and made the following points: We want a system that maximizes prevention and community stabilization instead of using high end services. We are hoping to bring back the mobile crisis team which was lost when Matrix was developed. This would help keep people from needing to go to PES or be hospitalized.

It may be that a provider network will be used to provide treatment for the thousands of people who won't need the level of services DMS currently has. Someone who is not chronically ill could be referred to this association.

Currently it's very difficult for a Medi-Cal person to find a private practitioner who will take Medi-Cal. The new system should make this much easier.

We are probably moving in the direction of services and not running as many directly, not that there won't still be city-run services.

Indigent care will still continue. We'll manage our dollars for indigent care the same way as we do now.

Capitation means giving an organization a set dollar amount for each person the organization has responsibility for. This also means assuming the risk.

One thing that's very important for the success of this system is the continuity of care. We will probably have a big expansion of children's and AFDC-related services. Over time, there will probably be an expansion of mental health services.

It's important to have a tight connection between mental health and substance abuse services for dual diagnosis clients. And this is why Sandra asked Charlie to work on integration.

Ms. Spanglet asked about the 800 phone number that she said was supposed to be in place by now, so people who are place out of county can call in with a grievance. Ms. Ruffin said she didn't know the answer to that and would follow up on it.

Ms. Spanglet asked how mental health would link up with physical care. Ms. Ruffin said that this was a very good question and noted that these linkages still have to be developed.

Ms. Spanglet asked what assurances there were that the linkages would be in place in time. Dr. Cooper responded that this issue had been a major focus of discussion over the past months among those on the Managed Care Committee. She said the details had not be worked up yet.

Ms. Spanglet said she thought the responsibility for linkage should be 50-50 and asked what assurance could be given that the two parts are talking with each other. Ms. Ruffin replied as follows: When there's an exchange of money, there will be communication. This is what our managed care development staff are working on. Ms. Spanglet said she was concerned that there are only 7 months left till outpatient services come under managed care. Ms. Ruffin replied that DMS is doing the best it can to resolve outstanding issues. She said that the medical part of managed care is not operating yet, but that DMS already has working relationships with HMO's, just not under a managed care arrangement.

Ms. Spanglet said that there seem to be too many issues and not enough time. Ms. Ruffin said, "I couldn't agree with you more." Ms. Spanglet added that the people who lose out when something doesn't work are the clients. Ms. Ruffin said that she agreed.

Ms. Ruffin continued as follows: When the state did the carve out of mental health, it did not provide funds for medications, so medications are on the heath side of the split. So DMS is already in discussions with HMO's about pharmacy services. Perhaps this arrangement will be changed. We definitely think this creates more problems and we've brought it to the attention of the state.

Ms. Santos said that the Board had already talked about the overcrowding at PES and asked where diversion comes in under Managed Care. Ms. Ruffin replied as follows: As of January 1995, DMS has had contracts with private hospitals. We had a meeting recently with all the hospitals and have gotten a positive response to the proposal to make a written agreement on diversion. Many of them don't have emergency rooms staffed like PES, so they have to work out a system for receiving people brought in from PES. The private hospitals know they are not allowed to turn down referrals from PES and PES knows to notify us whenever a referral is refused. If hospitals are not willing to work with us, that will be considered in negotiating future contracts.

John Nickens is heading up a committee that will work on the PES overcrowding. The Committee will look at questions such as: Should DMS manage PES as opposed to the hospital—especially since this is a major point of entry into the system.

Ms. Santos asked about the programs California Pacific Medical Center is giving up. Ms. Ruffin said that all of those programs have been placed with new contractors. Ms. Jones noted that AIRS has been given to Seneca Groups home services, but that some of the families feel shunted aside. She added that the current AIRS facility is not a good facility. MS. Ruffin agreed and noted that Nancy Presson is looking for a new site.

Dr. Balls Organista asked the following: With regard to utilization review, could you provide more information on they gatekeepers—who are they, and what stage of development is UR in?

Ms. Ruffin replied as follows: For the inpatient unit there are two UR nurses who review charts after clients are admitted. Anyone who meets medical necessity is authorized for 24 hours. Then the team of UR nurses go out and determine they length of stay. The UR Team also has a physician. If the nurse denies the admission, then it automatically goes to the psychiatrist for review.

Dr. Cooper added the following: People should know that budgeting issues have not been worked out, and the mechanism for deciding the number of dollars per client is being negotiated now at the state level and does not look good for San Francisco in terms of being able to support its system of care.

Ms. Ruffin continued as follows: The Tom Smith treatment center is being closed and put out for bid. The last program review reported 9 major problems, not just technical problems, but problems regarding the quality of care. The AIDS Office also is considering pulling out its funds as well. The RFP is being sent out currently and the hope is to have a new program open by late July.

IV. COMMITTEE REPORTS AND ACTION ITEMS

Program Review Committee

Ms. Mah reviewed the Program Review Committee attachment from the April Board Packet, and then added the following tips for reviewers: In places where I've worked I've often heard staff interacting rudely with the clients. Then the clients get escalated. It's important to ask staff how they respond to clients under all different kinds of circumstances. Clients are often left to stay in bed all day or watch TV all evening. Ask what kind of activities there are for clients. Ask how staff teach clients how to reduce anxiety.

Some rules and regulations are really unreasonable, such as only one call a day whether the call is important or not. Check out the rules the program has, including rules about snacks or smoking.

Find out about personal hygiene. Some clients need assistance with hygiene, especially early in their hospitalization. Sometimes they need help with ADL's. Sometimes staff expectations are too high for new admissions.

Regarding medications—Staff should be up to date on the side effects of medications. Staff should not be expected to know everything, but should know something about the side effects of the major medications.

Ms. Santos added that reviewers should check out medication consent forms and should see if clients understood what they were signing. Also the grievance procedure form.

Ms. Jones asked about how a reviewer could find out if the client really knows how to access the grievance procedure.

Ms. Mah continued as follows: With regard to seclusion, sometimes patients are put in seclusion and it's not for a good reason. If patients are put in seclusion, it's important to know if they are being monitored for blood pressure and for how they are doing generally. One time I saw a patient who had been in seclusion for three days, with no clothes and dehydrated. It was terrible. Clients in seclusion should be checked every 15 minutes. Some people are tied down overnight, and when they are untied in the morning, the tied spots are red and ugly.

Ms. Jones added that it's important to ask to see the SIR reports on seclusion and denial of rights.

Ms. Bennett added that the best thing to do is interview the person who the incident report was about.

Ms. Mah asked if there was any way to assess an MD's performance in prescribing medications. Ms. Ruffin replied that there is a medication monitoring review, including a peer review and also a review by the UR staff.

Ms. Block called the discussion on account of time, but noted that there should be much more of this kind of discussion of issues of direct care of consumers.

Budget Committee
Ms. Block reviewed Attachment B1.

RESOLUTION (MHB-95-15): Be it resolved that the Mental Health Board amend its position statement for the current budget season (for fiscal year 95/96), to read as follows (section added is underlined):

a. That the Mayor and Board of Supervisors make a commitment that they will cut nothing from the $114 million currently allocated by the Mayor for DMS.

b. That the Mayor and Board of Supervisors make a commitment that they will provide sufficient support to DMS (and DPH) so that DMS will be able to successfully handle the implementation of managed care and the attendant risks, in order to ensure services for everyone who is entitled to them.

c. That the Mayor and Board of Supervisors make a commitment that they will provide necessary funding to successfully open and operate the Rehabilitation Facility on Potrero Avenue, without cutting funding for other mental health programs and services below their current level.

d. That the Mayor and Board of Supervisors make a commitment that they will provide necessary funding for Patients' Rights Advocacy Services so that it can meet its state mandates regarding protecting the rights of consumers.

Be it further resolved that after notifying Sandra Hernández regarding this addition to the position statement, the MHB send a letter to the Mayor, the Supervisors, and the Health Commissioners stating the MHB's position that PRAS be supported sufficiently so they can handle the number of clients they are to respond to under their state mandate. (Passed)

Ms. Block then reviewed Attachment B2 and asked that Board members call their appointing Supervisors to ask for a meeting in the next few weeks.

Ms. Block said that the hearing before the Health, Public Safety and Environment Committee, chaired by Supervisor Angela Alioto, went very well, and that she felt proud of everyone who participated in writing and presenting testimony. Ms. Planck noted that Supervisor Alioto would be presenting the MHB recomendations to the Board of Supervisors in the form of a resolution.

SB 381
Ms. Spanglet reviewed the legislation and noted that it was to insure parity of coverage for mental health services. The bill is supported by many mental health organizations and opposed by many health care insurance companies.

RESOLUTION (MHB 95-16): Be it resolved that the Mental Health Board ask the State Legislative Committee of San Francisco to support SB 381, authored by Nicholas Petris, and to ask the SLC to request that Margaret Kisliuk, lobbyist for

the City and County of San Francisco, lobby strongly in support of this legislation. (Passed)

Children's Committee
No report.

Public Relations Committee
Ms. Leib reported that the Committee was placing PSA's on local radio stations regarding May as Mental Health Awareness Month.

Consumer/Family Member Task Force
Ms. Spanglet said that the CTF would be reviewing the Physician's Pilot Project at its next meeting. Mr. Leoni noted that the CTF had been discussing an incident at Crestwood Vallejo, that had had tragic consequences, and how to prevent such incidents in the future.

Report from DMS/DPH
Ms. Ruffin reported as follows: There have been four rounds of budget cuts, just since I've taken on this job as Associate Director. Settlements or agreements with the unions are being negotiated. The Mayor is saying that any increased costs from these negotiations have to be taken out of current budgets. DPH has taken another $1.7 million in cuts. This is being handled through deletion of vacant positions and the reduction of public health nursing positions. The mental health share of this cut was $75,00 which was taken care of through the deletion of a vacant clerical position and the deletion of some MIS funding.

Yesterday morning I had to list 5 social work positions to cut, but Dr. Hernández was able to find other cuts in DPH so we were given those positions back. Additional cuts of $2.3 million are being asked of DPH. One of the cuts would propose consolidation and reduction of homeless programs.

These are only the San Francisco cuts. We are still waiting to find out about state and federal cuts.

V. PUBLIC COMMENT PERIOD

Ms. Bennett announced that Patients' Rights Advocacy Services has developed a poster informing clients about the grievance procedure. She said PRAS also has an 800 number which can be posted.

VI. ADJOURNMENT

Ms. Block thanked Ms. Ruffin for her excellent presentation, and for her answers to questions from Board members. There being no further business, the meeting was adjourned at 8:59 p.m.

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SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD

Wednesday, June 14, 1995
1380 Howard, 4th Floor Conference Room
7:00 p.m.

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5 mins **I. CALL TO ORDER, INTRODUCTIONS**

5 mins **II. CONSENT CALENDAR (Attachment A)**
- Approval of Minutes
- Ratify letter regarding allocation for San Francisco for inpatient managed care.
- Review McKinney PATH Grant

60 mins **III. PRESENTATION: THE FUTURE OF 5150's IN SAN FRANCISCO**

Commander Dennis Martel, San Francisco Police Department
Valerie Edwards, Director, Westside Community Crisis
Carol Patterson, Consumer, and Director, BUILD Project, Independent Living Resource Center
Fancher Bennett, Executive Director, Patients' Rights Advocacy Services
Robert Buckley, M.D., Acting Medical Director, Psychiatric Emergency Services
William McConnell, Associate Director, Planning/Quality Management, DMS

10 mins **IV. REPORT FROM DMS/DPH**

35 mins **V. COMMITTEE REPORTS AND ACTION ITEMS**
- Executive Committee: to include Report of the Chair
- Budget Committee
- Children's Committee
- Program Review Committee
- Public Relations Committee
- Reports of Representatives/liaisons from other groups
  - Consumer and Provider Task Forces
  - DMS Committees
  - SFGH CAB

5 mins **V. PUBLIC COMMENT PERIOD**

VI. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

The Future of 5150s in San Francisco

Featuring the following panelists:

Commander Dennis Martel
San Francisco Police Department

Valerie Edwards
Clinic Director, Westside Community Crisis

Carol Patterson
Consumer, and Director, BUILD Project of ILRC

Fancher Bennett
Executive Director, Patients' Rights Advocacy Services

Robert Buckley, M.D.
Acting Medical Director, Psychiatric Emergency Services

William McConnell
Associate Director, Planning/Quality Management, DMS

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You are invited to join the Mental Health Board of San Francisco
for this special presentation during its regular meeting
on Wednesday, June 14, 1995
at 7 p.m.
at 1380 Howard Street (corner of 10th Street)

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UNADOPTED MINUTES

Wednesday, June ~~16~~ 14, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Acting Chair); Pamela Balls Organista, Ph.D.; Janice Cohen, M.D.; Robin Cooper, M.D.; Darwin Dias; James Jonasson; Suzanna Mah, R.N., M.S.N.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet; Mitchelle Tanner.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Lois A. Jones; Maria Leib; Mel Miles (Chair).

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

PRESENTERS: Commander Dennis Martel (San Francisco Police Department); Valerie Edwards (Clinic Director, Westside Community Crisis); Carol Patterson (Consumer, and Director, BUILD Project of ILRC); Fancher Bennett (Executive Director, Patients' Rights Advocacy Services); Robert Buckley, M.D. (Acting Medical Director, Psychiatric Emergency Services); William McConnell (Associate Director, Planning/Quality Management, DMS).

OTHERS PRESENT: (partial list) Jo Ruffin (DMS); Anita Burton; Wilma Cupp (Office of Self Help); John Fenwick, L.C.S.W. (St. Mary's Partial Hospital Program); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Acting Chair, at 7:08 p.m.

II. CONSENT CALENDAR

The consent calendar was passed as it appeared in Attachment A:

Consent Item #1
RESOLUTION (MHB-95-17): Be it resolved that the minutes of the MHB meeting of May 10, 1995, be approved as submitted. (Passed)

Consent Item #2
RESOLUTION (MHB-95-18): Be it resolved that the MHB ratify the decision of the Executive Committee to send a letter to Stephen Mayberg, Ph.D., Director of the State Department of Mental Health, opposing the loss of $2.3 million to San Francisco, but agreeing with a rule that would be fair to San Francisco, and would mean that San Francisco would get no less than $6.57 million for its allocation for inpatient managed care. (Passed)

Consent Item #3
RESOLUTION (MHB-95-19): Be it resolved that the MHB approve the renewal of the McKinney PATH grant for $173,604 providing funds for services for the homeless, and that the MHB forward a letter to Blanche Korfmacher stating that the Board has reviewed the grant. (Passed)

III. PRESENTATION: THE FUTURE OF 5150'S IN SAN FRANCISCO

Ms. Patterson initiated the panel discussion by making the following points: I'm a consumer and the Coordinator of the BUILD Project at the Independent Living Resource Center. I teach peer counseling and come across a lot of consumers. I was hospitalized three times. One time was a 5150. Having once been locked up in the hospital meant that I was locked up on two later occasions, even though I would have preferred not to have been locked up.

I also worked with a group of people on a project called Empowerment Central, which was to be an alternative to Psychiatric Emergency Services (PES). The City and County had a contract for transporting people to PES, but were not using it, because using the police was cheaper. Police can transport mental health consumers only in the case of 5150's and then it's a standard procedure to use handcuffs. To me that would be a horrendous trauma.

Ms. Edwards made the following points: I'm the Director of the Westside Crisis and Outpatient Clinic. I've been working in the community mental health system for over 10 years. Part of the time I was doing outreach, including 5150's in the Tenderloin. I also worked at Child Crisis where I was doing 5150's. Westside Crisis does 600 5150's per year now. Westside Crisis took over the crisis clinic contract in July 1992 after Mt. Zion Crisis went from 24 hours down to 12 hours a day. We're now located at 888 Turk Street at Gough. We see 3,000 unduplicated clients a year. Twenty-three percent of them are homeless. I would say, we are not doing more 5150's than we were 7 years ago.

The most important things to remember include: In a recent survey of the OD staff, we found that 25-35% of hospitalizations would not be necessary if there were alternatives. We have people we see for 2-3 weeks who can't get into ADU's (Acute Diversion Units). They wait and wait and finally get to a point where there is no alternative but hospitalization. Even people who in retrospect agree that they needed to be hospitalized, still say they found it to be devastating.

We are so lucky that reducing hospitalization is both good for people and cost effective at the same time. We need to make the system fit the people who don't fit the system now. We work hard at this, but we need more alternatives, more community resources, particularly housing resources and a medication monitoring system.

Commander Martel made the following points: I oversee the Patrol Division for the San Francisco Police Department. I oversee the ten district stations. I have copies of our General Order on the 5150 policy if anyone wants to look at it. The feedback I get from officers is that there is a delay in getting people admitted to PES or other hospitals.

Something else that's alarming to me is that PES only has 18 beds. I've said this before in regard to Matrix, we have so many people out on our city streets who have such needs, and are clearly not able to take care of themselves.

We now respond if we get a call regarding someone who is threat to themselves or others or who is gravely disabled. But if SFPD and DPH went out in a proactive way looking for 5150's, not to incarcerate them, but to give treatment, I wouldn't begin to guess how many beds would be needed. You go out at night and find someone who is hallucinating and there are no resources from DPH unless the person is 5150able. We are currently working on expanding Matrix to have a night component. Referring someone to a service for the next morning does not work for many of these people.

I'm very happy to hear that DPH in the next 3-4 months will be starting a mobile crisis unit. Officers in the field have little they can do to help a person unless they are 5150able. Also people often refuse offers of help.

DPH has to realize that mental health needs are not Monday through Friday from 9 to 5. One reason for the delay in expanding outreach is that clinics are not open at night. I see people decompensating more at night than during the day. They are more vulnerable to the elements then, too.

Dr. Buckley made the following points: I'm the Acting Medical Director at Psychiatric Emergency Services. PES is suspended at the nexus between people concerned about overuse of 5150's and the police who are trying to keep the streets safe. All but a very few people who are 5150ed in San Francisco come through PES, where we evaluate them, stabilize the crisis, and figure out what the next step is.

Recent 5150 figures are: 1991—5,000 cases; 1993—7,000 cases; 1994—9,000 cases, and in 1995, through May—5,800 cases. The percentage of people who come to us as 5150's is 75%. The rest come to us voluntarily. When police officers bring us people, there is no other alternative. The 5150's the police bring us are truly people who are hurting themselves, threatening others or gravely disabled. The psych team at the jail is doing 4,500 evaluations a year. So this suggests that police are not bringing in too many people to us, but rather not enough.

PES is licensed to have 18 beds. The fire marshal says we should only have 11. We've had a census as high as 28, and normally it runs about 22. Our census runs high because it's hard to move clients somewhere else.

The problem is that there is no structured alternative. A good many people, after 24 hours in PES, agree that they do want treatment, not hospitalization, but treatment. We've created a crisis resolution team, which involves short-term intensive case management, which can follow people for 30-60 days. We want to support the mobile crisis team. It needs to be a team that can go out and initiate treatment, not just do 5150's. There needs to a strong capacity for treatment in the field. We need to restore lost services and create new services out in the community.

Ms. Bennett made the following remarks: I'm the Executive Director of Patients' Rights Advocacy Services. I'm a consumer and I have been institutionalized. We don't get people very often calling us to tell us that the services they're getting are great. So what you often hear from us is from a complaint point of view. We see more rights violations rather than less.

We see people being put in restraints for longer than necessary, or when not necessary at all. We find money or possessions are missing. We find that medication has been given without consent. We find clients who are not treated with respect by staff.

The current crisis makes the system worse. Like someone having a personal crisis, the system takes on a personality, and takes on traits of paranoia, delusion, etc. People experience that there is no treatment, only control.

One local hospital has practically given up on informed consent. One hospital was cited for staff not knowing the rules on constraint.

I would like to see 5150's become a rarity. I think PES needs to move from its current space and needs a larger staff, including peer counselors. It's now one big room where they dump everybody, and then there is a row of seclusion rooms.

We need the mobile crisis unit. We need housing staffed by peers. There needs to be follow up with clients with non-clinical case management, practical assistance with concrete needs. It's so important that people have decent housing and friends.

We see people cycling from a 5150 to PES to treatment and right back to the streets.

We need to build support systems not only for consumers, but also for staff. We would like to see 5150 become a rarity. It sounds like pie in the sky. But with enough alternative services is could become a reality.

Please support getting rid of the site review process.

Dr. McConnell made the following points: We've tracked the numbers of 5150's for years. The total number of 5150's went up steadily for a period of 10-12 years. Then in 1993 it started to plateau. But it could be starting up again now. We are trying to look at the long term.

But San Francisco for many years has had the highest per capita rate in the state. There's a lot of conjecture about why. Probably it's a combination of things. Perhaps it's the magnet effect. We have a lot of services, relatively speaking. Perhaps demand rises to meet the supply.

State law on 5150's gives a lot of discretion to counties on how they set up their system and who they authorize to do 5150's in addition to the police.

We've cut down the points of entry in order to make sure 5150's are appropriate. We all agree on cutting down the number of 5150's.

Ms. Spanglet asked Commander Martel how much time is spent training officers at the Police Academy on 5150's. Cmdr. Martel estimated a 4-8 hour block, but cautioned that that was just his best guess. Ms. Spanglet asked how much time was spent training officers to write parking tickets. Cmdr. Martel estimated a 1 hour block of time. Ms. Spanglet then said that Forrest Fulton had said that they spend 1 hour on 5150's and 3 on parking tickets.

Dr. Cohen said she didn't understand the variation in how 5150 is applied. She said she was concerned about there being a standard approach to 5150's.

Ms. Edwards replied as follows: Our 600 5150's are people who come in voluntarily. We are no longer a receiving facility. We can't keep someone to observe improvement on medications. We have to move them out to PES or a private hospital.

Dr. Buckley said that standards are applied in a pretty standard way. But he added that that can be pretty dynamic, since people can change significantly in a matter of hours.

Ms. Ruffin noted the following: The 5150 is technically an order to transport and evaluate and the evaluation can take up to 72 hours. But at the point the patient's evaluation is completed, the person must be released if it is not determined that they are in need of involuntary treatment.

Ms. Block asked the following: With regard to the need for evening and weekend services, what are the obstacles, besides the obvious one of funding, and what can the MHB do?

Dr. McConnell replied that no one has any disagreements with that idea and DMS is trying to move money into mobile crisis and housing. Ms. Ruffin replied as follows:

Historically there were facilities open 24 hours a day, 7 days a week. But as we've gone through cuts, we've had to arrange our resources differently. We want to continue to increase diversion and outreach programs. We're trying to ask all the programs and ISC's to prepare a plan for 24-hour on call availability.

Ms. Mah noted the following: I've had the opportunity to work with clients from PES and the crisis team. Often clients have dual diagnoses and are moving through the system back to the streets and then back to PES. It seems like there is no connection from PES to outpatient programs. It seems like there is a problem with coordination.

Dr. Buckley replied as follows: I agree completely that there is a need for better coordination. Problematic patients often arrive confused or angry and may not let us know if they have a coordinator in the system or may not want us to call a caretaker. There are so many agencies out there. We have to find a new way to connect.

Dr. McConnell noted that the primary connection should be the coordinator.

Ms. Mah said that she works closely with Citywide Case Management and that there are times when they don't know where their patients are. Ms. Edwards said that as a former case manager at CWCM, she would have clients go into the hospital and CWCM would never be informed.

Dr. McConnell replied that DMS has a system in place that it knows can work, but it's not working perfectly yet.

Ms. Edwards also noted that critical information, like the last medication, should be put right on the 5150 form.

Mr. Samples made the following points. I have a bipolar disorder. I went to PES for help and didn't get it. PES is not doing what it's supposed to do, at least not in my case. I think Westside should go to 24 hours, 7 days. I don't think the city takes people with bipolar disorders seriously enough. If you present too well, you get ignored.

Ms. Edwards made the following points: My guess is that sometimes we hospitalize people we wouldn't if we were open 24 hours a day. PES doesn't have time to just sit and talk with folks. We want to be able to do that.

We stay open late, till 9, and stop taking intakes at 7:30. We are supposed to close at 9, but are often open later. We pay staff for that time, but with cuts, we don't know that we will be able to continue to do that.

Ms. Tanner noted that we need quality places for treatment, not just places to get people off the street.

Cmdr. Martel, said that excellent points were being made and added the following: There are a myriad of feelings when an officer does a 5150. A lot of officers look at it as a function that some other agency ought to be doing. But I feel they do the job with compassion.

He then cited his frustration with a recent incident on Russian Hill, and added: After a four-hour negotiation to get a violent and threatening man out of a house, the police took him to PES at 4:30 p.m. He was released and back home by 6:30 p.m.

Ms. Patterson said, that this person obviously couldn't have used a "warm" line, but if services had been there earlier maybe the incident would have been prevented.

Dr. Buckley replied as follows: I would like to have a report about such incidents. I haven't had a report about this one yet.

Dr. Cooper made the following points: Our system is so geared to crisis. If patients can be treated when they are capable of voluntary engagement in the treatment process, then they don't have to get to the crisis state, and it's much better for the person. We have a long concern about giving information to PES and having the information disregarded.

Ms. Cupp noted that she had been 5150ed and had both handcuffed and shackled in Oakland.

Ms. Burton made the following points: I am the mother of a consumer and recently have had experience with 5150's and have been grateful that they're there. My son is not violent, but I couldn't get him to the hospital by myself. In my block, 3 young people have grown up mentally ill, and for them 5150's have seemed to work very well.

Last time I was at PES I got the sense of staff being burnt out, like they needed a retreat or maybe mental health services themselves. I got the sense that there's not a lot given back to people who provide services.

Dr. Buckley replied as follows: Yes, 80% of our clients are brought in against their will and don't like anything from the start. That is hard on the staff. We want to hire enough staff to rotate them off the unit for periods of time.

Ms. Bennett noted that there needs to be more focus on voluntary treatment as opposed to forced treatment. She said voluntariness is very important.

IV. REPORT FROM DMS/DPH

Ms. Ruffin reported as follows: In response to the questions I received from Norma:

Regarding the Tom Smith program: The current treatment team are civil service and will move to other civil service positions if qualified. The current clients will have been phased out. There will no longer be clients on this unit by the end of this week. There is an interim plan to provide Ryan White funds to continue 12 beds at Walden House until March. DMS will have 17 interim beds. Then the total program will restart on October 1st.

Mr. Leoni raised the following points: I have several concerns. Tom Smith puts an emphasis on loving yourself, other services are rule driven, which is a tradition in substance abuse. For example, a client being put in a chair all day for backsliding and being ridiculed. It's important not to put mental health consumers in those rule-driven programs. It's important that the Tom Smith philosophy not be lost.

An unheralded part of the work of the Tom Smith program is that they do aftercare. They have 24 hour availability for former clients. That link to all of their former clients is going to be lost. It's seems like the whole process has been very hasty.

Ms. Ruffin continued as follows: I'll convey your concerns to Dr. Meredith. I can't speak to all of the process, but my sense of it is that fairly extensive efforts have been made over time to bring the program into compliance. It was the Ryan White Council that decided to move their funds to Walden, not DPH. They were very concerned about Tom Smith.

Regarding Medicaid cap: If the block grants go through, we are guessing that there will be a reduction of 25-35% or more, which would be a major disaster. We are working to get MediCal use up in order to have a higher cap.

Regarding cutting beds at SFGH: We are hoping we can be more successful at developing alternatives to highend treatment. In funding the R-Facility, part of the strategy is to take existing funds from Napa, and $1.2 million from SFGH inpatient. We are in discussions now to work out alternatives to cutting beds.

Regarding the $11-12 million increase in revenue shown on the budget forms. Because of Managed Care, we have an additional $3-4 million for inpatient consolidation, but with that comes an equivalent increase in responsibilities. There is also $2.3 million for adolescent rehabilitation. There is also $5 million to replace one time funding for existing services. This is shown as new revenues, but it is not a net gain.

There is a loss of 8 vacant positions. We are trying to have the $1 million in efficiencies be service neutral. We are in the middle of the process of figuring that out now. We've taken $400,000 out of the L-Facility budget, and now are looking for $600,000 in operating efficiencies.

With regard to PRAS: We've gotten a nice barrage of phone calls and letters. We've put 1.5 staff positions for PRAS in the R-facility budget. Dr. Hernández has decided that the funds should be added to the budget now. When the R-Facility opens we'll consider adding additional staff.

We are creating an in-house position for an ombudsperson, and will work with PRAS in dealing with the issues involved.

With regard to the 800 access line: We are talking with Substance Abuse Services to see if we can join them on their line, or if there should be two separate lines.

V. COMMITTEE REPORTS AND ACTION ITEMS

Executive Committee

Ms Block reported: Mel Miles has resigned as Chair of the MHB, but will remain on the MHB. The Executive Committee has chosen a Nominating Committee of Mel Miles, James Jonasson, and Lois Jones to nominate a new Chair.

Budget Committee

RESOLUTION (MHB-95-20):
WHEREAS, it is quite possible that the City budget may experience one or more crises during fiscal year 1995/96, and
WHEREAS, state and federal budget cuts could force the City budget into significant crisis, now, therefore, be it
RESOLVED, that the Mental Health Board of San Francisco urge the Board of Supervisors to proceed with revenue proposals, so any budget crisis occurring during fiscal year 95/96 can be met with revenue solutions rather than eliminating needed services, and, be it
FURTHER RESOLVED, that the Mental Health Board urge the Board of Supervisors to support revenue solutions that are fair and progressive rather than unfair and regressive, and, be it
FURTHER RESOLVED, that the Mental Health Board go on record in support of the five revenue proposals being sponsored by Supervisor Tom Ammiano, specifically: 1) Real Estate Transfer Tax, 2) Hotel Tax, 3) Occupational License Fee, 4) Stock Exchange Transfer Fee, and 5) Business Tax, and inform the Board of Supervisors of its support. (Passed)

RESOLUTION (MHB-95-21): Be it resolved that the MHB send the thank you letter to the Mayor as written in Attachment B2, changing the last paragraph to include "to help resolve continuing problems in mental health." Be it further resolved that the MHB not send out the proposed MHB Bulletin regarding the Mayor. (Passed)

Children's Committee

Ms. Jones reported that reviews are underway.

Program Review

Ms. Mah asked people to sign up for program reviews.

Public Relations Committee
Ms. Leib reported that the Public Relations and Children's Committee have been meeting together to plan a symposium on adolescent mental health for the fall.

Consumer Family Member Task Force
Ms. Spanglet reported that the CTF is discussing the L-Facility AWOL incident and is coming up with recommendations and is working with Sherry Barto on reviewing the Grievance Procedure.

Mr. Leoni noted that he was very happy to see the ombudsperson position being developed, since that was something that the CTF had asked for some time ago.

Provider Task Force.
Dr. Balls Organista reported that the PTF is developing a newsletter called "Provider to Provider" to reach out to providers with regard to the challenges of managed care.

Quality Improvement Committee
Dr. Cohen reported that the Committee is going through major reorganization to interface better with managed care and the new leadership team.

PES Work Group
Mr. Leoni announced the formation of the group, which will look at where PES should reside in the system of care, and specifically whether it should be directly under DMS instead under the Dept. of Psychiatry at SFGH as it currently is. Dr. Cooper noted that the question of PES opens up the craziness of the split between the hospital and DMS.

V. PUBLIC COMMENT PERIOD
Public comments were made during the discussion of 5150's.

VI. ADJOURNMENT
There being no further business, the meeting was adjourned at 9:20 p.m.

Public

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

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MEETING OF THE FULL BOARD

Wednesday, July 12, 1995
1380 Howard, 4th Floor Conference Room
7:00 p.m.

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I. CALL TO ORDER

5 mins II. WELCOME NEW MEMBERS, INTRODUCTIONS

We have three new members: Anita Burton (Family Member) and Toye Moses, Ph.D., M.P.H. (Mental Health Professional); both appointed by Full Board of Supervisors through Rules Committee, and Peggy Gilleran, J.D. (Family Member), appointed by Supervisor Tom Hsieh.

5 mins III. CONSENT CALENDAR (See Att. A: *How Consent Calendar Works)*

1) Approval of Minutes

2) Grievance Procedure Format: Recommendation that phone number for clients to call regarding grievances be placed on the first page of the procedure. (See Attachment B)

60 mins IV. PRESENTATION: STOMP OUT STIGMA: *"Stomp Out Stigma"* is the name of a group of consumers from San Mateo which has been doing anti-stigma work and public education for some time. This will be a panel-type presentation and there will be an opportunity for questions.

10 mins V. REPORT FROM DMS/DPH: Jo Ruffin

35 mins VI. COMMITTEE REPORTS AND ACTION ITEMS

- Nominating Committee
- Executive Committee: ACTION (See Attachments C and D)
  - Att. C: Ratify Action of Exec. Committee in making recommendations about policy on notification of Coordinator when client is missing from L-facility.
  - Att. D: Ratify Action of Exec. Committee in asking for report on recent incident where client was killed in altercation with Police.

CONTINUED

- Budget Committee
- Children's Committee
- Program Review Committee
- Public Relations Committee ACTION (See Attachment E)
  Att. E: Draft Outline for proposed symposium on Adolescent Health.
- Reports of Representatives/liaisons from other groups
  - Consumer and Provider Task Forces
  - DMS Committees
  - SFGH CAB

5 mins **VII. PUBLIC COMMENT PERIOD**

VIII. ADJOURNMENT

MENTAL HEALTH BOARD ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

SAN FRANCISCO MENTAL HEALTH BOARD

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1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

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MEETING OF THE FULL BOARD

Wednesday, July 12, 1995
1380 Howard, 4th Floor Conference Room
7:00 p.m.

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REVISED AGENDA:

I. CALL TO ORDER

5 mins II. WELCOME NEW MEMBERS, INTRODUCTIONS

We have three new members: Anita Burton (Family Member) and Toye Moses, Ph.D., M.P.H. (Mental Health Professional); both appointed by Full Board of Supervisors through Rules Committee, and Peggy Gilleran, J.D. (Family Member), appointed by Supervisor Tom Hsieh.

5 mins III. CONSENT CALENDAR (See Att. A: *How Consent Calendar Works)*

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10 mins V. REPORT FROM DMS/DPH: Jo Ruffin

35 mins VI. COMMITTEE REPORTS AND ACTION ITEMS

- Nominating Committee: ACTION - Election (See Attachment G)
- Executive Committee: ACTION (See Attachments C and D)
  - Att. C: Ratify Action of Exec. Committee in making recommendations about policy on notification of Coordinator when client is missing from L-facility.
  - Att. D: Ratify Action of Exec. Committee in asking for report on recent incident where client was killed in altercation with Police.

CONTINUED

- Budget Committee
- Children's Committee
- Program Review Committee
- Public Relations Committee ACTION (See Attachment E)
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- Reports of Representatives/liaisons from other groups
  - Consumer and Provider Task Forces
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5 mins **VII. PUBLIC COMMENT PERIOD**

VIII. ADJOURNMENT

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ACCESSIBLE MEETING POLICY

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UNADOPTED MINUTES

Wednesday, July 12, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

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BOARD MEMBERS PRESENT: Norma Block (Acting Chair); Darwin Dias; Peggy Gilleran, J.D.; James Jonasson; Lois A. Jones; Maria Leib; Suzanna Mah Fong, R.N., M.S.N.; Mel Miles; Toye Moses, Ph.D.; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Pamela Balls Organista, Ph.D.; Anita Burton; Janice Cohen, M.D.; Mitchelle Tanner.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

PRESENTERS: From Stomp Out Stigma: Carmen Lee, Clint Hill, Jay McDonald, Sylvia Shumard, Michael Waterson.

OTHERS PRESENT: Robin Cooper, M.D., Jo Ruffin (DMS); Kathy Kramm; M.P.R. Howard (El Tecolote); Beverly Jackson; Mike Wise (Residential Care Task Force); John Fenwick, L.C.S.W. (St. Mary's Partial Hospital Program); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Acting Chair, at 7:05 p.m.

II. WELCOME NEW MEMBERS, INTRODUCTIONS, ANNOUNCEMENTS

Three new members were appointed during the past month:

Anita Burton was appointed to a Family Member seat by the full Board of Supervisors through the Rules Committee. She was not present at the meeting due to a vacation that she had already scheduled before being appointed to the Board.

Peggy Gilleran, J.D., was appointed by Supervisor Tom Hsieh to a Family Member seat. She made introductory comments as follows: I've just finished law school, and am preparing to take the Bar Exam. I decided to get legal training so I could represent people who are mentally ill and their families, and so I could follow up on legislative concerns.

Toye Moses, Ph.D., was appointed to a Mental Health Professional seat by the full Board of Supervisors through the Rules Committee. He made introductory comments as follows: I am the Executive Director of the Southeast Community Facility Commission in Bay View/Hunter's Point. I also work at the jail on an on-call basis. My interest is in forensic psychology. Every time I go into the jail and see the people there I want to cry. I want to be a part of this Board in order to affect policy decisions.

Ms. Block then presented a special award to Mr. Dias, which read as follows:

> **DARWIN DIAS**
> **One-Man Outreach Team**
>
> As Executive Director of Spiritmenders, a member of the MHB and other groups, Darwin Dias has for years been a visible activist for mental health consumers. What isn't often visible is the quiet work he does behind the scenes on behalf of consumers. I'm sure there are countless examples of which I am not aware, but I want to call your attention to two recent situations—that might have turned out very differently if not for Darwin's dedication and perseverance.
>
> Both of these stories have to do with clients who ran away from L-facilities, but it could have been anywhere. What Darwin saw was a consumer in trouble; what he must have felt was an obligation to do something about it.
>
> The first story is one with which you are familiar. A client left Crestwood Vallejo "AWOL." We still might not know what became of him except that he must have had a strong enough instinct for survival to get in touch with Darwin. DMS did not know this client was among the missing until he showed up at Darwin's, confused and declaring his intention to not return to the L-facility and to go live in Golden Gate Park. Recognizing that he needed more help than he was likely to find in the park, and also that he wasn't going to find it at a facility he hated, Darwin offered the use of his home and got on the phone trying to find a better placement for him. As we all later learned, no one else was able to respond quickly enough to prevent disaster and the client ended up back in the hospital after setting himself on fire. At this point, Darwin acted as a case manager and followed him closely, intervening again when it looked like the hospital was going to release him to a hotel with no support services.
>
> In an eerie coincidence, a short time later, another client ran away from an L-facility, this time in San Jose. This client, a woman, was picked up by the police and found herself in Unit 6B at SFGH when she contacted Darwin. Again, **the "People's Case Manager"** sprang into action. He visited her at the hospital, noted that she seemed improved, began making phone calls and didn't rest until he had a promise that her coordinator would evaluate her for community placement.
>
> Neither story is finished yet, and system-wide issues remain to be decided, but one question is inescapable: **What would have happened to either of these consumers if they had not known Darwin?**
>
> The Mental Health Board wishes to acknowledge this above-and-beyond-the-call-of-duty action, and extend its grateful recognition to Darwin Dias—a man with a tremendous heart and the brains and courage to go with it; probably the best friend a San Francisco consumer could have.
>
> **Thank you, Darwin!**

Following sustained applause, Mr. Dias thanked the Board for the award, and modestly commented: To me these people are friends of mine, people I know and care about. This is something I've seen with the system, that people fall through the cracks, and sometimes the cracks are 150 miles deep.

III. CONSENT CALENDAR

The consent calendar was passed as it appeared in Attachment A, supplemented by Attachment B:

Consent Item #1
RESOLUTION (MHB-95-22): Be it resolved that the minutes of the MHB meeting of June 14, 1995, be approved as submitted. (Passed)

Consent Item #2
RESOLUTION (MHB-95-23): Be it resolved that the MHB communicate with Jo Ruffin, recommending that DMS re-arrange the format of the Grievance Procedure, putting the right numbers to call on the first page, and moving the paragraph about the MHB and the CTF to a later place in the document. Be it further resolved that DMS be asked to re-write the section on the Mental Health Board and the Consumer Family Member Task Force so that it is clear that these are places to take policy issues, and to clarify that "calling the MHB for more information" refers to calling for information about the CTF. (Passed.)

Consent Item #3
RESOLUTION (MHB-95-24): Be it resolved that leaves of absence be granted for the July 12, 1995, MHB meeting for the following Board members: Pamela Balls Organista, Anita Burton, Janice Cohen, and Mitchelle Tanner. (Passed)

IV. PRESENTATION: STOMP OUT STIGMA

Ms. Lee introduced her organization, Stomp Out Stigma, as follows: We started the group in 1990. We were aware of cutbacks and programs reductions. We saw very few lobbyists at the state and federal level working for mental health, except for CAMI and AMI. We decided to do it for ourselves. We decided to form our group to break down stigma and prejudice against the mentally ill.

Tonight is our 305th presentation since we started in 1990. We do presentations all over the Bay Area. We've been to Florida. We were asked to present at an FBI conference in New York in June. We try to speak for those who are hospitalized, or who are on the streets, or who are in Board and Care homes. Ms. Lee then introduced the presenters in turn who made remarks as follows:

Mr. Waterson: I've been diagnosed as a dissociative personality, and as having multiple personalities. I was born in Germany in 1937 and am Jewish. I spent the first 7 years of my life in the Matthausen concentration camp in Austria. I had to learn how to survive. The way I learned to survive the abuse of the guards and the other people in the camp was to dissociate. I would just remove myself from situations. I was liberated with my parents in 1945. I was left with serious trust issues as a result of those years in the camp. I would dissociate when faced with any kind of threat. When a teacher would be violent with me (this was in the days of corporal punishment), I would just mentally remove myself across the room and watch.

When I got into my late 30's, I would dissociate without knowing I was doing it. I was fortunate in that I came from a decent background, so I did not become violent like lots of men do who are in my situation. Lots of men end up in jail or dead. I've found myself in other cities, like Honolulu or Los Angeles, not knowing where I was or what month it was. I'm fortunate to be a disabled vet, so I get care through the VA hospital. It took a lot of shopping to find a therapist who was sympathetic with my disorder and who could help me.

Ms. Shumard: My diagnosis is a hodgepodge of many things. I was only diagnosed 3 years ago, but I have been suffering for many years.

I had agoraphobia all through my 20's. There are any women out there like me who never come into the system, so many women like me. I find periods when agoraphobia is coming back and I have to really fight it. My husband was diagnosed with cancer 9 months ago, so it's been a stressful time and I'm not in the best place in my life.

I got out of agoraphobia through a program at San Mateo College. It's called Transition to College. It was one of the first such programs under the Americans with Disabilities Act for students with psychiatric disabilities. It stared with 5 people and now has over 150 people in it. The students in this program have a better graduation rate than the general student population. The most important thing is that students form support groups. The program has gone onto Kenyatta College in Redwood City. But we are having a hard time getting into Skyline College. There is still a lot of prejudice there.

I couldn't have made it without the program. I'm now at the College of Notre Dame.

Mr. McDonald: My diagnosis was sociophobia, but I've just recently received a new diagnosis of manic depression. I have had this problem of sociophobia all my life. I've had extreme shyness. I usually did good in school—A's and B's. I managed to get through my junior year of college before I had to drop out because of the socialization pressure. At the time I didn't know I had a psychiatric problem, and my mother died of multiple sclerosis, so no one knew that I was dealing with all of this. My father died also.

I finally got well enough to get a job. I worked at Pizza Hut for two years. I came out here at the encouragement of my sister to work in Silicon Valley and became isolated again. I hid in my apartment and went out at midnight to get groceries because fewer people were out then.

I called Suicide Prevention and got in touch with a counselor. I did talk therapy. He asked if I wanted medications, but I said no to that at the time. The therapy was good, but it was not enough, because my problem, as it turns out, was biochemical.

I got another job, then lost it, then started hearing psychotic voices. I saw a new doctor and was diagnosed. I got seriously suicidal, and was about to go do it, when I decided to pick up the phone and call this new doctor. I happened to get her on the phone, and agreed to go over and see her. I went into the hospital for a month, then got into Redwood House run by Caminar. Then I got into independent housing run by Caminar and have been there 4 years. I have been working—at a grocery store, at a paint company, and as a programmer now.

Mr. Hill: This month I celebrate my 20 years in the mental health system. I was diagnosed as paranoid schizophrenic. I've had 15 hospitalizations in the past 20 years, with two long-term stays. I was on a conservatorship for a period of about a year. I got a Master's degree in rehabilitation counseling from San Francisco State University. I graduated from college in 1975 and got my Master's in 1995. I probably will be entering a Ph.D. program in September in counseling and psychology.

I have been in the Caminar, but plan to get back on my own. I have not done these SOS programs for a while. I was worried that if too many people knew about me, I'd be making myself unemployable. But now I've decided I can't let that stop me. Having a mental illness is not like a death sentence. I have been helped by the system.

Ms. Lee: I was born in San Francisco and went to St. Cecelia's School. I knew something was wrong, but I didn't know what. In those days no one discussed anything. I went to the University of California, Berkeley, and majored in English.

I became an airline stewardess, but was always exhausted at the end of a trip from all the smiling and pretense. I couldn't understand my fatigue. I was 21. I married Mr. Right and had Ms. Baby Right and was living in Oklahoma City, when I just slipped away. I stopped talking. My daughter stopped talking, too, emulating me. My husband took me to a doctor who said I had malnutrition. I was sent to an institution in Maryland for 5 years. I had shock treatments in Houston. Then I went to Galveston for tests, and the recommendation was for a prefrontal lobotomy. I wanted it. But I didn't do it.

I'm amazed I've lived to be 60 years old. It's amazing to live that long when you've lived with suicidal ideation every day of your life. My diagnosis is borderline personality. But the doctors agree that I am not borderline any more. I think I suffer now from the effects of having been ill all those years. I am so grateful to be here and alive.

Ms. Jones initiated the question and answer period by asking the following: I have run across agoraphobia in so many single moms of multiple children. Do you find that pattern? Ms. Shumard replied: The isolation usually starts out as a duty isolation (because of the children) and then turns into a self imposed isolation. But I started out with self-imposed isolation. The Transition to College Program helped me so much. The person who fought for it and made it happen is the Director Tim Stringari. Dee Howard is a counselor there who is tremendous.

Ms. Jones also asked for more information about Caminar. Mr. McDonald replied: Caminar is specifically for mental health clients. They have Redwood House which is a short-term crisis placement. There's also and independent living program. Ms. Lee noted that Mr. McDonald is also on the Board of Caminar. He then continued: There is counseling for clients, there are support services for crisis situations. There's a hotline. We did a Wealth of Health conference and over 600 people attended.

Mr. Hill noted that he lives by himself, but he is part of Caminar, too.

Ms. Planck asked to speak with Ms. Shumard further about suggestions for codifying accommodations for the mental ill. Ms. Shumard agreed and gave some examples of accommodations: extended test time, large screen computers, alternative test site—in the Disabled Student Center. She also noted that Cañada College may have a list of accommodations written down. Ms. Lee recommended getting in touch with the Bazelon Center for Mental Health Law.

Ms. Santos asked if SOS had done presentations for police departments. Ms. Lee replied: We've done a few, but we need to open the doors more. Ms. Shumard said that a lot of cops have said that they don't want to get too compassionate because it will interfere with their job. But then she said she didn't agree with that point of view.

Ms. Lee noted: Stomp Out Stigma has helped me a lot. When you accept mental illness, you accept poverty and chastisement from relatives. But I think acceptance is 2/3 of getting better.

Ms. Mah asked for more information about SOS. Ms. Lee replied: We go to Suicide Prevention Centers—there are 5 in the Bay Area—where we focus on the needs of people in crisis. In high schools we play with the kids more, use humor more. With professionals, we talk about what people need in terms of help. At Rotary Clubs we go more into the federal and state cutbacks and insurance issues.

Dr. Gilleran asked about encounters with the criminal justice system.

Mr. Waterson replied: I've been in jail or locked psychiatric facilities a number of times. When a cop comes and asks me for identification, I'll explain that I'm diagnosed as having multiple personalities, and then he thinks: Oh, Jekyl and Hyde. So you get handcuffed and thrown into jail. I haven't gotten psych evaluations. I've been in jail in Honolulu, in Los Angeles, and in Santa Clara. I've been jailed 12-14 times. Someone like me though responds to the order that there is in jail, and I eventually calm down and call a counselor or a lawyer and then get help to get out. Usually I have to go by way of the VA system, by being put on a 72-hour hold. In my experience the Public Defender has not been helpful.

Dr. Moses commented: This is a very good program. I'm proud of all of you. Is SOS open to the public, like AA groups. Is it open to a lot of people. Mrs. Shumard replied: We just try to reach as many people as we can through programs like we're doing tonight. Mr. Waterson added: We're not doing it like you're suggesting, but it's a very good idea.

Dr. Moses asked if they would be willing to come to the Board of Governors of City College in San Francisco, and they all agreed to do so. Dr. Moses continued: This is inspiring. We want something like this in San Francisco.

Dr. Gilleran added: My daughter has just started in Transition to College at the College of San Mateo. It's very helpful for her. If she has a brief period of decompensation, they can help her through that, and she won't have to give up everything for the semester.

Mr. Hill noted that there is a Disability Student Center at San Francisco State University, but he said, of the 26,000 students who attend SFSU only 50 have identified themselves as having mental illness.

Mr. Howard made the following comments: I've been in the community a long time. I graduated from City College this past spring and have dealt with DSPS at City College. I found them to be paternal and intimidating, and very unsupportive. The teachers ran the gamut from too helpful to ridiculous. I would not waste my time on the Board of Trustees. They are next to useless.

A member of the public asked if SOS has the same panel of presenters each time, and asked: How do you choose presenters? Ms. Lee replied: It's a matter of whoever is healthy at the time! We also tailor the presenters to the organization. If it's Suicide Prevention we try to have presenters who have attempted suicide. If it's a high school we try to have younger people. There are about 18 of us who do this work, plus some other people who live in other counties.

V. REPORT FROM DMS/DPH

Followed Committee Reports

VI. COMMITTEE REPORTS AND ACTION ITEMS

Nominating Committee

The election of a new Chair for the Board was postponed to the August Meeting.

Executive Committee

RESOLUTION (MHB 95-25): Be it resolved that the MHB recommend that DMS make, and enforce in ways that are measurable, the following changes to its notification procedures regarding clients who go AWOL from locked facilities:
1) Coordinators currently carry beepers, the numbers for which are available only to staff. These phone numbers should be on file at the facility when a coordinator's client is placed there;
2) The facility should call the coordinator (or case manager, if the client has one) within 48 hours of finding out that the client has left. If there is also a requirement that the conservator be notified, that should be the second call made by the facility. It should not be left up to the conservator to notify DMS or the coordinator. Their office is very busy and they often don't respond to phone calls or requests for weeks.
3) Failure of the facility to do this should be grounds for re-evaluation of their contract.
4) The coordinator needs to take appropriate action. (Passed.)

RESOLUTION (MHB 95-26): Be it resolved that the MHB talk to DMS and to the Police Department, requesting a complete investigation of the death of David Boss on June 15, 1995, and an explanation of their policy when dealing with agitated and possibly dangerous mental health clients. (Passed.)

Ms. Block then reported on the meeting with Mayor Jordan as follows: A team representing the MHB met with Mayor Jordan on Monday, July 10th. The team consisted of David Fischer, Jerry Veverka, Lloyd Kozloff, Robin Cooper, and myself. Sandra Hernández was also in attendance as were a number of the Mayor's staff people. We presented a variety of issues, including: NIMBY problems, psychiatric liaison, mobile crisis unit, and general issues regarding the nature of mental illness and its treatment. We were received very cordially by the Mayor. He expressed his appreciation for how the meeting went.

Dr. Cooper added: What was important was the presence of our team, not the specific content of the meeting. I think in upcoming visits with Supervisors and Health Commissioners, it will be very important to underscore NIMBY issues and the repeal of the site approval ordinance. These are hot political issues, and if we lose on them, we won't have services in the community.

Mr. Samples suggested keeping up contact with the Mayor, and perhaps doing something with other candidates for Mayor. Ms. Jones suggested that the Mental Health Association might sponsor a candidates night.

Public Relations Committee and Children's Committee

These two committees have been meeting jointly to plan the Adolescent Health Forum for the fall.

RESOLUTION (MHB 95-27): Be it resolved that the Public Relations Committee and the Children's Committee be authorized to proceed with their joint proposal for a seminar on Adolescent Health for the fall 1995, and be it further RESOLVED that the Mental Health Board officially sponsor the seminar and invite other organizations such as the University of California Medical Center, San Francisco, and/or the Department of Public Health to co-sponsor the seminar. (Passed.)

Budget Commitee

RESOLUTION (MHB 95-28): Be it resolved that the Mental Health Board, in order to mobilize greater citizen participation in governmental decisions regarding mental heath services, approve the operation of a Response Team by the MHB Budget Committee, in conjunction with the Mental Health Association of San Francisco, the San Francisco Alliance for the Mentally Ill, the San Francisco Depressive/Manic Depressive Association, the San Francisco Mental Health Contractors Association, and other mental health organizations. (Passed.)

Program Review Committee

Ms. Mah reviewed Attachment H on program reviews to be done, and encouraged people to sign up for reviews. Ms. Block added: Doing program reviews is one of your major contributions as a Board member and a very important thing to do.

Committee on a Culturally Competent System of Care

Ms. Santos briefly discussed the development of a self assessment questionnaire for programs. She also noted that cultural competency had been omitted from the resolution on mental health that went from the Board of Supervisors to the Mayor. (Resolution 431-95.) She said she would be writing a letter to Angela Alioto about this.

V. REPORT FROM DMS/DPH

Ms. Ruffin reported as follows: You owe yourselves a real pat on the back for your preparation for the meeting with the Mayor. It was a very professional way of going about it.

I wanted to thank you for your support for the Housing Plan at the Health Commission hearing yesterday. The Commission did vote to accept the plan. I want you to know that DMS is not considering the reduction of IMD capacity in order to put the Housing Plan in place. The proposal is to bring an additional 100 housing units on line each year. The Plan calls for an advisory committee. If you have any input on this committee or any interest in serving on it, please let me know.

The R-Facility will be presented to the Health Commission on August 1st. There was a delay due to questions raised about the unions regarding contracting out the operation of the R-Facility vs. having civil service run it. DMS is concerned about having people running the R-Facility who are expert at running a locked facility. Currently there are no L facilities being run by civil service. Also contracting out will mean getting up and running more quickly.

The adolescent unit would not be locked. Since the R-Facility was built the federal government has pulled back MediCal funding. So we are adjusting to that. The current proposal is to run the AIRS program temporarily in the adolescent unit. We will also take 15 of the adult beds and use them as an adolescent locked facility.

Dr. Hernández wanted me to let you know that the announcement for the position of Deputy Director for DMS will be out at the end of this week. I wanted to offer my availability to you. I want to ask if you have enough connection with DMS staff. How are we working together? What changes do we need to make? Regarding the death of the client on June 15th, we have had a clinical review. I want to continue to work with you on this. Ms. Ruffin then presented a handout on the programs funded by the new $24 million grant from HUD.

Mr. Leoni raised the issue of the cuts to SSI in the state budget and the need to protest them.

Mr. Miles officially announced his resignation as Chair of the Board, though not his membership on the Board. He added: The Chair position was an enormous opportunity for me, it was exciting and challenging. I really appreciate the confidence you put in me by selecting me. Ms. Block noted: We really have missed you and appreciate the committee structure you put in place.

Ms. Block then thanked the MHB staff who she said were swamped with work, mountains of work.

VII. PUBLIC COMMENT PERIOD

Public comments were taken throughout the meeting.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:15 p.m.

Public Heal

SAN FRANCISCO MENTAL HEALTH BOARD

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San Francisco, CA 94103
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MEETING OF THE FULL BOARD

Wednesday, August 9, 1995
1380 Howard, Fourth Floor Conference Room
7:00 p.m.

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AGENDA:

5 mins **I. CALL TO ORDER/INTRODUCTIONS**

5 mins. **II. CONSENT CALENDAR**
- a) Approval of Minutes
- b) Acceptance of Robin Cooper, M.D. as Adjunct Member (Attachment A)
- c) Granting Leave of Absence (tonight only) for Mary Santos, R.N., M.S.N.

10 mins. **III. ELECTION OF OFFICERS** (Chair, Vice Chair) See Attachment B

60 mins. **IV. SPECIAL PRESENTATION:**
CULTURAL COMPETENCY AND SEXUAL ORIENTATION

PANELISTS:
- Roy Crew
- Mitchelle Tanner
- Donna Colvin
- Ruth Hughes

15 mins. **V. REPORT FROM DMS:** Jo Ruffin, Associate Director for Systems of Care

20 mins. **VI. COMMITTEE REPORTS**
- Budget Committee
- Children's Committee and Public Relations Committee (Joint Report)
- Executive Committee: Discussion: Search Process for New Deputy Director for Division of Mental Health and Substance Abuse
- Program Committee (Name change pending)
- MHB Liaisons to other Committees
    - Consumer/Family Member Task Force - Peggy Gilleran
    - Provider Task Force - Pamela Balls-Organista, Ph.D.
    - SFGH CAB - Darwin Dias
    - DMS Committees: Managed Care, Quality Improvement

5 mins. **VII. PUBLIC COMMENT PERIOD**

VIII. ADJOURNMENT

MENTAL HEALTH BOARD ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

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UNADOPTED MINUTES

Wednesday, August 9, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Pamela Balls Organista, Ph.D.; Anita Burton; Janice Cohen, M.D.; Darwin Dias; Peggy Gilleran, J.D.; Lois A. Jones; Suzanna Mah Fong, R.N., M.S.N.; Toye Moses, Ph.D.; Rich Samples; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Maria Leib; Mel Miles; Mary Santos, R.N., M.S.N.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

PRESENTERS: Donna Colvin; Roy Crew; Ruth Hughes; Mitchelle Tanner.

OTHERS PRESENT: Jo Ruffin (DMS); Carmen Carillo (DMS); Mary E. Harris (interested citizen); Patricia Okuji (concerned citizen); Mary-Margaret Ward (concerned citizen); Laura Hoffman (Tom Waddell Clinic); Emeric Kalman (interested parent); Bill Eisele (San Francisco Independent); Margaret Morvay (concerned citizen, T.W.C.); M.P.R. Howard (El Tecolote); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Acting Chair, at 7:08 p.m. Anita Burton, new appointee to the Board was welcomed and members introduced themselves to her. Ms. Block distributed a form asking for questions to be asked of candidates for the position of Deputy Director of DMS. She asked that people return the form as soon as possible to the MHB office.

II. CONSENT CALENDAR

Consent Item #1

RESOLUTION (MHB-95-29): Be it resolved that the minutes of the MHB meeting of July 12, 1995, be approved as submitted. (Passed)

Consent Item #2

RESOLUTION (MHB-95-30): Be it resolved that Robin Cooper, M.D., former member of the Mental Health Board, be appointed as an Adjunct Member of the Board. (Passed)

Consent Item #3
RESOLUTION (MHB-95-31): Be it resolved that leaves of absence be granted for the August 9, 1995, MHB meeting for the following Board members: Maria Leib, Mary Santos. (Passed)

III. ELECTION

Norma Block was elected to serve as Chair of the Mental Health Board, replacing Mel Miles who recently resigned that office. Maria Leib was elected to serve as Vice Chair, replacing Ms. Block in that office.

It was announced that James Jonasson has resigned from the Board for health reasons.

IV. PRESENTATION: CULTURAL COMPETENCY AND SEXUAL ORIENTATION

Ms. Block asked the panelists to address the following three questions: 1) What is cultural competency? 2) How do you implement it? 3) How have you found the system to be for yourself? What worked and what didn't?

Mr. Crew began the presentation with the following remarks: What is cultural competency from a gay perspective, or a gay consumer perspective? It means that I should be able to go to any program in the system in San Francisco and find an out-of-the closet gay staff person to talk with about any issues having to do with being gay. The program doesn't have to be all gay. The days of uni-cultural programs are over. But in every shift, in every program, in every unit, there should be an identifiable gay staff person.

Ms. Colvin began as follows: I work at the Center for Special Problems and the Tom Waddell Clinic. There have been no transsexual groups in the system, but here we are, and we have to organize our own groups.

Ms. Tanner made the following points: I work for a nonprofit agency. I've lived in San Francisco for the past 6 years. I'm out as a lesbian in the community, on the job, and everywhere I go. Due to my appearance, I can pass—people don't know I'm gay. This works for me or against me depending on the situation.

In terms of cultural competency, when I need to talk, I need to find someone receptive. Not someone who will assume that being a lesbian is my problem. I need to have at least one place in the city where I can go and not have the first question be, "Are you married?" A culturally competent environment is one that understands that my experience is different and difficult. The staff person doesn't have to know all the answers, but I want someone who can ask, "What do you mean? Can you tell me about your experience?"

Knowing about being gay is very different than the actual experience of being gay. I'm the partner of an African American woman, and I thought I knew a lot about being African American, but I found out I didn't. It's just not the same as experiencing it.

In terms of implementation, I think trainings like this one are helpful. My partner does trainings in the schools with Community United Against Violence. In terms of my own experience with the system, when I first came into the system, the staff person assumed I was straight, instead of asking questions and finding out about me first. But then she was very accepting and referred me over to Operation Concern, which was a wonderful, supportive environment for me.

Ms. Hughes made the following points: I'm going to be 57 in September. I'm married. I'm married to a woman. I was married in church—at the First Unitarian Church. My partner is Irish—she has a very big clan. I'm African American, but also a Blackfoot, and I had a white grandfather, but I identify as Black.

I have been working for the Dept. of Public Health for the past 14 years. I was hired as a gay health specialist. I've worked the whole time at the Center for Special Problems. I now work with sexual minorities, youth victims, sex offenders, and individuals who are domestically violent.

I want to do an exercise to help us get to a definition of culturally competent that is more than: Don't say the wrong word. Everyone please turn to the person to your left and you can say the truth, or you can make something up, but reveal your sexual identity to that person.

How does that feel to reveal your identity to a stranger? (Comments in answer included: It's personal. Yes, very personal. I never think about it, because I'm always just myself.)

I'm a lesbian. I'm an old-time dyke. Some people I know don't like that word. I have to know where you are coming from when you use that word. An issue I have to deal with every single day is homophobia. It is an absolute plague, a dreadful disease. Someone said education is what has to happen. I have learned about the dominant culture. I have had to educate myself on how to adapt. I feel I'm reasonably culturally competent. Or if I don't know, I'll ask before I go into that situation. Before you provide services, you have to deal with homophobia.

Jesse Helms says dirty and vulgar things about me and I and the people I know are decent, moral people.

Culture is a total way of life and it includes shared patterns. There are material and nonmaterial mores. Non-material mores are values and the way we act.

What works for me is being able to identify my sexual orientation. I can't tell you the number of times I've said to clients in the system, "I am a gay health specialist. Does that apply to you?" and the clients say, "Yes, and that's the first time I've ever been asked that in the mental health system."

What works for me is for people to recognize that gay people have lives and don't spend all of their time in bed. We are real human beings and we need to know you care about us and that wherever we go we are safe. Be honest, be direct, and look at yourself, before you look at others.

Mr. Crew then continued as follows: I want to give you a little quiz to illustrate some points about what happens to gay people. We all know that then Hitler did his thing, the first people he rounded up were gays and lesbians. But who knows how many gays and lesbians died? No one. There was no interest then and there is no interest today.

How did gays survive the concentration camps? They had to be blonde, blue-eyed and had to have sex with the Gestapo, and they had the worst jobs and had to betray people. After liberation, gays and lesbians were taken from the concentration camp to court and then were sent back into prison.

When did the APA say being gay is not mental illness? How many psychiatrists today practicing in San Francisco consider being gay a mental illness? How many gays and lesbians have been given shock treatment as a cure for being gay? And worse yet, how many gays and lesbians have chosen shock treatment themselves?

There is no answer to many of these questions and the shocking party is that there is no interest in finding the answers.

What DSM was the first one to exclude gayness as a mental illness? It was the DSM III-R.

Here are some historic accomplishments. A gay consumer was the first consumer to be chair of the Mental Health Board. Two gay people converted the consumer caucus of the MHB into the Consumer/Family Member Task Force. A gay consumer was the first consumer to run for the Board of Supervisors. An African American consumer ran for the Board of Supervisors in the last election.

It's important to ask mayoral candidates if they will appoint consumers, including gay consumers, to posts such as the Board of Supervisors and the Health Commission.

A gay consumer wrote the grant for and got funding for the Office of Self Help. A gay consumer got the MHB and DMS to pay for consumers to go the Alternatives Conference. A gay consumer helped launch the Committee for a Consumer-Guided System of Services.

Gays have had to create organizations to take care of our own. We have had to create housing for mental health consumers with AIDS. We have had to create services for gays with AIDS at San Francisco General Hospital.

Is homosexuality environmental or genetic? The answer is both. When do most people know they're gay or lesbian or transgender? Relatively young if it's genetic, about the same time as a person of color realizes that he or she is different. But with gays and lesbians, it's something we can't put our finger on.

Ms. Colvin added the following: The time frame is confusing. You think back and wonder when did I know, and you just knew that something was wrong, but you couldn't say exactly what it was.

Ms. Planck asked what kind of support, or lack of support, the panelists got from their family members.

Ms. Colvin replied about her family as follows: My oldest sister is married with one child. My older brother is married with 2 children. My sister and I are both transgender, going from male to female. When you're children, it's like with color, you don't look at another person's color , or think that you are wrong till the environment tells you you're wrong. Families accept you as you are and sexuality does not come out until you're older. We're people, we've all got the same basic likes and dislikes, loves and hates.

Mr. Crew replied: I'm an incest survivor. People in the mental health system assume that I'm gay because I am an incest survivor. But the reverse is true. I was seen as easy prey, and was victimized because people felt they could convince me not to tell. They could intimidate me. I was victimized by both males and females.

Ms. Colvin added: I was a victim of incest as a child. I would not have wanted to become a woman. I would have wanted to be a big strong man so I could beat the hell out of anyone victimizing me. But you have to accept yourself.

Ms. Burton made the following comments: There seems to be a lot of confusion about homosexuality. When I was in high school, you knew there were some homosexuals, but they were put in the category of mentally ill or weirdoes. They were always weird kids. Now that it's here and out there's a lot of confusion about where you stand.
Ms. Colvin responded: If it was considered as a mental illness, do you beat up on people who you think are crazy? I don't see groups of kids attacking crazy people.

Ms. Burton asked for a definition of "transgender." Ms. Colvin replied: It's an umbrella for transsexuals, transvestites, androgynous people, anyone in a position where they want to wear the other gender's clothing. A person is transgender only if they identify themselves as transgender. Society automatically wants to term everything as mental illness that's different and that's something we have to work against. In the transgender community we have lesbians, gays, asexuals, bisexuals, trisexuals, any-sex-will-do's. We have to stop tagging people and let them tag themselves.

Ms. Burton noted that it is a major accomplishment that homosexuality is now no longer categorized as a mentally illness. Ms. Tanner replied: But not all psychiatrists agree with that. Mr. Crew added: It was a close vote.

Ms. Hughes commented: We always get nervous when we are talking about difficult issues. We get worried about saying the wrong thing. As a presenter I feel no question is wrong. You may ask a question that is too personal, but that's different.

If you think it's easy to change your sexual identity, it's not. For example, what if I said, "I command you to be lesbian." Ms. Jones responded: I couldn't change that anymore than I could change the color of my skin. I remember making remarks about gays when I was in high school. But I'm glad that the person who did that is gone. And I've taught my kids differently. I think education has to be directed at the young.

Ms. Planck asked: Where does the image of gays and lesbians as predators come from and why does it have such power? The idea that gays want to convert heterosexuals. Ms. Hughes replied: People are afraid. People use these kinds of things for control. We need more education, including at the highest level of government. Mr. Crew replied: As gays and lesbians, we're never taught to take pride in ourselves. Have you ever gone up to a little gay boy and said, "Be proud you're gay!"?

Dr. Moses asked about mixed-race relationships and if Ms. Hughes or Ms. Tanner had gotten resentment from their own races. Ms. Hughes responded: Just yesterday a colleague, a person of color said something about me being partners with a white person. It was bigoted. I've done thousands of speaking engagements. The most difficult audience for me is African American women about my age. Ms. Tanner replied: Where my partner and I get the most rejection is in the African American community. I'm also Jewish. I see Jews and African Americans beginning to connect. Where we do get acceptance, it's usually where the other couple is mixed too. It's sad for us as a progressive couple. We can't all really come together until this kind of rejection is over.

Ms. Mah commented: I work in a psychiatric facility. I've done a number of groups with gays and lesbians, and found that it's a hard group for me to run. Finally I opened a mixed gay and straight group. There was one gay man in particular, who the straight people finally accepted as a person.

Mr. Crew responded: When a consumer who has suffered sees another consumer suffering, they are always there for them. DMS should put some funding into peer education. Especially regarding AIDS, since 52% of people with AIDS dementia have had a previous psych history.

VI. REPORT FROM DMS

Jo Ruffin reported as follows:

R-Facility

Thanks to Steve Leoni and the Executive Committee for the testimony presented at the Health Commission Hearing on the R-Facility. The commission room was largely filled by unions and staff from SFGH. There was a rumor that the R-Facility was going to dislocate people from jobs. In fact, the R-Facility will bring in over 200 jobs.

Facility management will probably be done through civil service, including food service, building maintenance, laundry. These will be an extension of SFGH services. We'll probably contract out the pharmacy and lab services. Also basic program services. The Health Commission decided that DMS should begin negotiations, but also meet with the unions. The financial difference between contracting out and using civil service staff would be roughly $1.3 million more for using civil service staff. We'll continue to meet with the unions. We hope to have the R-Facility open by the end of December or the first of January. In the meantime, if the Board would like to hold a meeting there, that could be arranged.

Efficiencies

In the budget for this current fiscal year is a goal or $1.2 million in savings from efficiencies. We are working on it now. Part of the cut is from reduced funds to out-of-county facilities. We are looking at a couple of things.

a) Some ways to restructure day treatment programs to serve more people, and have the services be more relevant.

b) Additional staffing for the Mobile Crisis Team—we'd see if we can shift existing staff into this new service, first, before considering contracting it out.

VI. COMMITTEE REPORTS

Budget Committee

RESOLUTION (MHB 95-32):

WHEREAS, budget cuts and changes in regulations being proposed at the federal level would have serious negative impact on the health, well-being and progress in treatment of people with mental disabilities, now, therefore, be it
RESOLVED that the MHB strongly support Resolution 17-95 approved by the Health Commission of the City and County of San Francisco on June 20, 1995, and titled, "Opposing Reductions in Medicaid and Medicare, and Proposed Block Grants." (Passed)

RESOLUTION (MHB 95-33):

WHEREAS, budget cuts and changes in regulations being proposed at the federal level would have serious negative impact on the health, well-being and progress in treatment of people with mental disabilities, now, therefore, be it

RESOLVED that the Mental Health Board of San Francisco urge the Mayor to instruct San Francisco's advocates on the state and federal level to strongly support the following sub-resolutions:

A. SSI

WHEREAS, San Francisco is a high-cost city and any reductions in SSI payment levels would likely result in increased homelessness and increased acuity of symptoms with concurrent increase in demand for services, and

WHEREAS, the recent state cuts to SSI cannot be implemented without changes in federal law, now, therefore, be it

RESOLVED, that the MHB ask the City and County of San Francisco to oppose changes to law or regulation that would allow states to reduce SSI payments below the current maintenance of effort level, and be it

FURTHER RESOLVED, that the MHB ask the City and County of San Francisco to oppose the loss of federal entitlement status for SSI through proposed block grants.

B. CSP, CASSP, and PATH

WHEREAS, the Community Support Program (CSP) and the Child and Adolescent Service System Program (CASSP) fund mental health demonstration projects, including consumer-run or -guided programs which are leading the way to more humane and cost-effective services, and

WHEREAS, the CSP and CASSP are facing cuts of 73%, and

WHEREAS, the state grant program for Projects to Assist in Transitions from Homelessness (PATH), which funds outreach, case management, and other services for homeless persons with mental illness, is facing elimination, now, therefore, be it

RESOLVED, that the MHB ask the City and County of San Francisco to retain at least the current level of funding for CSP and CASSP, and now, therefore, be it

FURTHER RESOLVED, that the MHB ask the City and County of San Francisco to support full funding for the state PATH grants program.

C. HUD

WHEREAS, affordable and supported housing is needed by the City's homeless and/or mentally ill population, and

WHEREAS, the Supported Housing Plan developed by the Division of Mental Health and Substance Abuse Services (DMS) is contingent on federal funding, and

WHEREAS, funding under the Department of Housing and Urban Development (HUD) which is targeted for the homeless was $24 million in fiscal year '95 and under current block grant proposals would likely be reduced to only $6 million in fiscal year '96, and

WHEREAS, a 50% cut is being considered for special needs housing, now, therefore, be it

RESOLVED, that the MHB ask the City and County of San Francisco to oppose cuts to HUD programs for the homeless and for special needs housing.

(Passed)

Children's and Public Relations Committees

Both committees are continuing their joint work on the Adolescent Health Forum, scheduled for Saturday, November 18, 1995. Draft brochures for the Forum were distributed.

Public Relations Committee

Dr. Balls Organista reported on the public education campaign which is being designed to increase awareness of the need for mental health services, and said the Committee is exploring sources of funding for the campaign.

Executive Committee

Ms. Block announced that the MHB needed to choose two people to serve in the process of selecting a new Deputy Director for DMS. Toye Moses and Janice Cohen were selected.

Program Review Committee

Ms. Mah thanked the Board members who are doing program reviews. She also said the committee is thinking about changing its name to include more than just reviews, and asked for suggestions.

Consumer/Family Member Task Force

A request was sent to DMS to arrange for support groups for people who are worried about losing their benefits given what's been going on in Congress. Officer Woody Tennant, from the SFPD Psych Liaison Unit will be at the CTF meeting in September.

VII. PUBLIC COMMENT PERIOD

Mr. Kalman presented a proposal to save a building in Golden Gate Park that is now scheduled for demolition in the near future, and convert it to being used for recreation programs for the mentally ill. He noted that Parks and Recreation Department currently has only one group for people who are developmentally disabled, and that there are no groups for people with mental illness. He said that $4 million had been set aside for the demolition. He said he has enlisted the help of Supervisor Angela Alioto on this issue and that she is following up on it. Ms. Ruffin offered to speak to Mr. Kalman following the meeting to see who else might be of help to him with this project.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:14 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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3/95

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

MEETING OF THE FULL BOARD

Wednesday, September 13, 1995
1380 Howard, Fourth Floor Conference Room
7:00 p.m.

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AGENDA:

5 mins **I. CALL TO ORDER/INTRODUCTIONS**

5 mins. **II. CONSENT CALENDAR**
a) Approval of Minutes

60 mins. **III. SPECIAL PRESENTATION:**
CULTURAL COMPETENCY AS IT RELATES TO ETHNICITY, RACE AND LANGUAGE:
MODERATOR: Mary Santos, R.N., M.S.N.; (MHB)
PANELISTS:
- Wilma Cupp
- Fred Cosentino
- Evelyn Balancio
- Donald Tarver, M.D.
- Tina Tong Yee, Ph.D.
- Mitch Marquez* (invited)

20 mins. **IV. REPORT FROM DMS:** Jo Ruffin, Associate Director for Systems of Care

25 mins. **V. COMMITTEE REPORTS**
- Budget Committee
- Children's Committee and Public Relations Committee (Joint Report)
- Executive Committee: ACTION - See Attachments A and B
- Program Committee: ACTION - See Attachment C
- MHB Liaisons to other Committees
  - C/FM Task Force (Provider T.F. did not meet)
  - SFGH CAB - Darwin Dias
  - DMS Committees: Managed Care, Quality Improvement

5 mins. **VI. PUBLIC COMMENT PERIOD**

VII. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

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2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

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Public · Health

Cultural Competency as it Regards Race, Ethnicity, & Language

Moderator: Mary Santos, R.N., M.S.N.

Panelists: Wilma Cupp
Fred Cosentino
Evelyn Balancio
Tina Tong Yee, Ph.D.
Donald Tarver, M.D.
Mitch Marquez (Invited)

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Join us at the
Mental Health Board meeting
on Wednesday, September 13, 1995 at 7 p.m.
at 1380 Howard Street (corner of 10th)

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SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
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DO
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UNADOPTED MINUTES

Wednesday, September 13, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Pamela Balls Organista, Ph.D.; Anita Burton; Janice Cohen, M.D.; Darwin Dias; Peggy Gilleran, J.D.; Lois A. Jones; Maria Leib; Suzanna Mah Fong, R.N., M.S.N.; Toye Moses, Ph.D., M.P.H.; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Rich Samples.

ADJUNCT BOARD MEMBERS PRESENT: none present.

PRESENTERS: Wilma Cupp; Evelyn Balancio, L.C.S.W.; Tina Tong Yee, Ph.D.; Donald Tarver, M.D.

OTHERS PRESENT: Jo Ruffin (DMS); Hobart Banks, Ph.D.; Mike Wise (Consumer, Residential Care Task Force); John Brauer (Community Vocational Services, Keystone); Peggy Coster; Emeric Kalman (interested parent); M.P.R. Howard (El Tecolote); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Acting Chair, at 7:11 p.m.

II. CONSENT CALENDAR

Consent Item #1

RESOLUTION (MHB-95-34): Be it resolved that the minutes of the MHB meeting of August 9, 1995, be approved as submitted. (Passed)

III. PRESENTATION ON CULTURAL COMPETENCY AS IT REGARDS RACE, ETHNICITY, AND LANGUAGE

Ms. Santos, moderator for the panel of presenters, opened the presentation with the following remarks: Last month we had a presentation on Cultural Competency and Sexual Orientation. Mitchelle Tanner said that cultural competency for her meant someone who was understanding and receptive. Tonight we're going to talk about race, ethnicity, and language and the same thing holds true, that service providers should be receptive and understanding. Please treat this information presented tonight as an appetizer, and if you want more we can come back. I'd like to remind you that I am the MHB Liaison to the DMS Committee on a Culturally Competent System of Care (CCCSC). My goal is to share information on cultural competency in the system. The Mental Health Board in turn invited the CCCSC to testify at the hearing held by Supervisor Alioto in May. Dr. Tina Tong Yee was our representative.

Dr. Yee made the following remarks: The name of our committee is long, but the name is important: The Committee for a Culturally Competent System of Care. We wanted to talk about a system, not just the clinicians, not just consumers, not just families, but the whole system. We used the word "cultural" instead of "minority" because we felt minority was a deficit term. In fact, the people who are called minorities are actually the majority in our system of care.

Many practitioners in our system have not been trained well enough in cultural competency. Then they come into this system with a very diverse population, and with people preferring treatment in a wide range of different languages. I used to teach psychology at SF State. There were psychology text books of 700 or 800 pages with only a few pages on cultural diversity. In one case there was a book with only one page.

Is an ethnic minority client best served by someone from the same background, or should any clinician be able to provide care? There is no right answer for this question, but it brings up important issues.

For some clients this is a need. Some clients request treatment from someone of the same background. Sometimes, as in the case of language, it's necessary.

Cultural competency, when you bring it all together in one system, enables that system to work effectively within a cross-cultural environment.

There is now the emergence of the Russian community in San Francisco, and we are rushing to keep up with the needs of the community. This is really hard to do with a shrinking system.

Under managed care, we're going to have to share resources. We'll have to set up some kind of data system to help us do so.

There is a continuum of cultural competency.

At the one end, if you don't have cultural competency, you can be very destructive. You can misdiagnose someone. In the middle is color blindness. We need to acknowledge that there are differences and provide services differently to different groups. Therefore we have different focus groups in our system, latino, African American, etc.

Client satisfaction surveys are very important. We have translated ours into 9 different languages and this was a complex process. And within each culture we have to think about class. What are the terms they would understand? What would the educational level be?

Doing a cultural assessment is a way of breaking down the meaning of cultural competency and getting to the specifics. We are doing an assessment currently and expect to get data by the end of the year. Then we can start doing our training to help guide the system and bring everyone up to par on cultural competency.

We did research on where clinical and cultural issues clash and are putting together materials to help clinicians and consumers. As we move into managed care, we want to make sure that all people we contract with uphold our standards on cultural competency.

Ms. Cupp made the following presentation: I'm a member of the CCCSC. I have a law degree, and hope to be a member of the BAR in February. I also work for the Office of Self Help.

I was in the San Francisco system from 1986 to 1987 and again from 1989 to 1992. I entered the system at OMI and made it clear that I wanted an African American clinician. I made it clear that I would accept nothing less. Anything other than talking with an African American therapist was inconceivable. There were no African American psychiatrists there, but I was able to see Hal Young, an African American therapist.

African Americans make up 10% of the population, but 24% of the people in the system. Whites make up 46% of the population, but 42% of the client population. Nationally African Americans are diagnosed disproportionately more than whites.

In San Francisco there are only 12 African American psychiatrists. Seven of them are in the system. Three are at SFGH, 2 at Westside, 1 at Bay View, and 1 at Health Center #1. DMS has approved an African American waiver for staffing purposes.

I'm now living in Pacifica and have been in the system in San Mateo County, but they have no African American therapist. I work for the Office of Self Help and have my own medical insurance now, and can see who I like. The medication level established at OMI has not been increased. When I left OMI, I took with me a letter saying that I was stable on my medications and that I was an informed consumer.

How does cultural competency help. It means fewer hospitalizations. The frequent hospitalization of African Americans happens because of misdiagnosis. Mental illness may look different in different cultures. Mental illness diagnosis is an interpretation of behavior. African Americans are over-diagnosed for schizophrenia and under diagnosed for depression and manic depression.

I contend that the more culturally-competent the system becomes and the more African Americans feel that they are not being judged, the less threatening the system will be and the more likely they will be to use the system.

Dr. Tarver made the following remarks: I'm the Medical Director at the Westside Crisis Clinic. I've been in public mental health in San Francisco since 1987. I have all my training in a culturally-competent setting. I was the first African American resident in the Black focus unit at SFGH. I interacted with the full range of sexual and cultural minorities. The system in San Francisco is very lucky to have attracted minority specialists, and to have the focus programs and the special units at SFGH. Too few other counties provide the range of services which are found in San Francisco.

DSM-IV has stressed cultural formulations of mental illness, including identity, cultural explanation of the patient's illness, cultural elements of the relation between the clinician and the individual in treatment. We are always dealing cross-culturally. I find this to be true even when I am dealing with other African Americans.

We have to assume nothing, but must ask how people self identify, and ask them about how they relate to you as the clinician. More and more people in this country and this world are multi-racial. Many clinicians interviewing a client will not ask what that person's race is, or culture. But we can't just take someone at face value.

Some African Americans identify with the dominant culture. Some African Americans are integrated. They can translate between the African-American and the dominant cultures. Some are segregated, and don't go between their culture and the dominant world. Some are marginalized. They have lost touch with their cultural identity. They identify with the culture of poverty, or the culture of the mental health client. We can help to re-engage these people with a cultural system that is spiritual and familial.

Studies have shown that African Americans, especially males, have been misdiagnosed with schizophrenia. Partly it happens due to stereotypes. It's important to consult an individual of that ethnic group for assistance. I receive calls from all over the system asking for advice. This is okay with me. I see myself as belonging not just to one program but to the whole system. If I had a Russian client, I would need to identify a Russian consultant. In our system in San Francisco, we are culturally rich.

African Americans are part of one of the longest-lived cultures and most oppressed in this country. There is a higher incidence of post traumatic stress due to this, and this kind of stress must be treated very differently from other mental illnesses. What Price Cobbs wrote about anger in *Black Rage* is still relevant today.

For example, There was a client the other day who was willing to be hospitalized, and who never said a threatening thing or postured in a threatening way. But still he ended up being 5150ed. The clinical team was made up of Asian and white staff who in retrospect said that they had had a high level of apprehension which led them to do the 5150. But they couldn't give specific details on what gave them that apprehension. The team included an African American female who did not feel the client would act out, but did not feel assertive about saying that.

I am an African American from Ohio, but I am also gay. Many people in the gay and lesbian community see someone who is a person of color and gay as a subset of the gay community.

Many people in minority communities see people who are gay and lesbian as a subset of the white community—not belonging to the minority community at all. In some cases, we've heard minority people saying that they believe there are 0% or 5% gays and lesbians in the minority community. When asked about the white community they say 50% are gay. There is still a lot of work to be done to attain a joint identification, so we can all understand that people can belong equally to more than one community.

What happens when there is a misdiagnosis is so critical. Clinicians should always review the historical diagnosis to see if it is really correct.

Ms. Santos introduced Ms. Balancio with the following remarks: Ms. Balancio represents the Filipino Mental Health Task Force on the CCCSC. I'm Filipino also, and I want to mention some of the cultural traits of my community. Filipinos are family-centered and have a high regard for family. My priority is my family. There is interdependence of families. Filipinos are very social, very religious. They are essentially Catholic. They have a fatalistic outlook, and will say, "It's God's will." Filipinos are warm and friendly. They avoid shame at all costs. They perceive diseases as punishment from God. They somatize a lot as opposed to expressing thoughts and feelings.

Ms. Balancio made the following presentation: What Mary is talking about are major themes. But then there are further questions we have to ask: When did the person immigrate and what were the circumstances. Did they come from a rural or urban background? What is their level of education? Are they gay or straight? Cultural traits have to be seen on a continuum and have to correlate with other variables.

Consider a 43-year-old Filipino female who is depressed and diagnosed with a dependent personality disorder by someone not familiar with the Filipino culture. Consider the picture after a consultation with a Filipino service provider who focused on the following: This woman has never married and is still living at home with her elderly parents. She is actually working one and a half jobs, taking care of her parents, and sending money to her siblings in the Philippines. She had served as *de facto* mother to some of her siblings. You get a very different picture of this woman when you view her in her cultural context.

Consider a 37-year-old Filipino woman who came to the United States 3 years after her husband came. She was given a diagnosis of bi-polar. The providers were wondering how to reach her psychosocially. The treatment plan was to send her back to the Philippines; she was missing her mother. The plan included separating her from her alcoholic husband. She was referred to me. I speak Tagalog. The way to reach her was to relate culturally. It was a positive experience for her to connect with me around language and to know I understood her background. She started taking her medication again. We provided education to her husband and other relatives, but in a culturally sensitive way.

There are lots of family problems among adolescents. For a Filipino family to immigrate takes about 10 years. First the father and eldest son come and are here for about 5 years, never going home. They save money. Then they bring over the mother and younger children. Then finally the grandparents. There are many issues of adjustment. For example there is a gap between children who have been here for a while and grandparents who have just arrived and become primary caregivers while the parents go out and work.

I started out as a residential treatment counselor, working evenings to support myself while I was going to social work school. There were very few Filipino providers. We had a support group once a month. One thing was very common. We had positive experiences working in our respective agencies, but we were all feeling lonely. As more providers came, we brought the question back to our community about whether we should have a focused program or not. Should Filipino clinicians be dispersed or should we pull together and build a focused program. The community supported the idea of building a program. So we have a Filipino focus program in ISC II now. We work with the community in program planning. One thing we could grow toward is development of leadership and development of policy.

Dr. Moses asked Dr. Yee about promoting culturally competent programs in drug abuse treatment. Dr. Yee replied as follows: It's been an important goal to be sure that all our major groups would have a continuum in all levels of care from the hospital to ADU's to day treatment. It's something we've been trying to promote. We've mapped out where major groups are now, and are following up on that to try to fill in the gaps.

Ms. Mah made the following comment: Tina Yee has her heart in cultural competency. She was so responsive to me when I was looking for a job. She encouraged me with warmth and a positive attitude.

How is the hiring process? How do you determine competency for a job?

Dr. Yee replied as follows: This is a very important issue. We have waivers based on language, but it is a question whether we do a good enough job in assessing beyond language for cultural skills and cultural knowledge. We try to provide training once providers are in the system.

But we also look at results. 1) We need to ask clients and family members if they are getting what they need. 2) We need to see if we are getting outcomes. Are people getting better?

Dr. Tarver added the following: The African American Specialist waiver is one not based on language. Also the gay and lesbian waiver. These can serve as a model for those designations beyond language.

We have a need for continuous recruitment and development at Westside and at PES. I do hiring, and generally the people who apply are competent, and so the cultural factors come to the fore. Part of our problem is that other opportunities pay more than public mental health, so we don't always get the people we want. It's important to offer additional incentives.

Ms. Spanglet noted the following: I'd like to take exception to the issue of the misdiagnosis of African Americans. Ronald Fievre's book showed that therapists in England were misdiagnosing schizophrenics as manic depressives and here in the U.S. it was the reverse, manic depressives were being diagnosed as schizophrenics. He felt it had to do with education of the therapists as much as anything else. It wasn't a cultural thing; it was just a doctor thing.

Dr. Yee replied as follows: When you look at data within the U.S. alone, it's clear that African Americans are misdiagnosed compared to other groups in the U.S.

Dr. Tarver replied as follows: I will be happy to share studies with you showing the misdiagnosis of African Americans. But this is not to say that misdiagnosis is limited to African Americans.

Dr. Cohen made the following remarks: I am putting together a symposium consisting of a good panel of people from all over the country. I'd like a consumer or family member to be sponsored to be there to represent San Francisco. We will be discussing the poor correlation between consumer satisfaction and client outcomes. I'd like to talk with you about raising money to help people attend.

Mr. Howard asked the following: A couple years back, Substance Abuse Services was holding a community meeting, but only providers were there. How do you get a sense of cultural competency if all you hear from are providers?

Dr. Yee replied as follows. A couple years ago, we went to the Mission, to Chinatown, and the Tenderloin to hear from consumers and family members. For example in Chinatown, we worked with the Mental Health Alliance for Chinese Families. The meeting was advertised in the community newspaper. It takes extra work to make that happen, and so you don't just get providers. We are in the process of planning focus groups which will get feedback from the community. Groups will be done in different languages with an English translation, rather than the other way around.

IV. REPORT FROM DMS

Ms. Ruffin reported as follows: DMS is sponsoring the development of a Mobile Crisis Team. We are trying to put something between DMS and the police and not have the police bringing people to PES. The proposal is to house it at Westside Crisis. Kevin McGirr has been hired to manage the team. He is the former Director of Operation Concern.

Under the budget agreement, we have to identify $1.2 million in reductions in efficiencies. We have made a reduction in L-Facility funding of $400,000. We are looking at readjusting day treatment services. We are trying to reduce costs without reducing capacity or laying off staff.

We are moving some staff to the new Mobile Crisis Unit. We will also be recruiting additional staff for that unit. We will have age-integrated crisis services, but we will not be replacing Child Crisis or Geriatric Crisis. We are setting up a Steering Committee to make sure the Mobile Crisis Unit addresses its goal to divert people from the hospital if possible, or if hospitalization is necessary, to arrange it in the least traumatic way.

Ms. Gilleran noted that in Los Angeles there is a very successful mobile crisis team. Ms. Ruffin replied that Mr. McGirr has been in touch with them. Ms. Gilleran asked if the Unit would be purely for psychological crisis or if it would be used when a person has become assaultive or is committing a crime. Ms. Ruffin replied as follows: The focus is on mental health, and a lot comes under that, but we are not an arm of law enforcement. We see a lot of clients who are dually-diagnosed. Something like breaking and entering should go to the police. I'll prepare a packet for you on the Mobile Crisis Unit including staffing. The Unit will be working closely with Westside and PES.

Ms. Gilleran asked if the purpose of the MCU was to deflect the person from the hospital to another unit or to deflect them from custody into treatment. Ms. Ruffin replied that the purpose was to deflect them from hospitalization if possible. She said that currently the police are the mental health outreach team and that the MCU would change this.

With regard to the position of Deputy Director, I decided to put in an application for the position, so to avoid possible conflict of interest, I won't make any comments about the process for filling the opening, but you can feel free to contact Ed Gazzano, who is the personnel officer for Sandra Hernández.

Regarding the SAMHSA grant, Dr. Cohen requested executive summaries for grants which the Board will review or approve, since the grants themselves can be very long. Ms. Jones added the following: These grants are funding continuing programs. Can't someone from DMS come to us earlier so we can get more background and make an honest vote ahead of time. Ms. Ruffin said she would get a copy of the grant and an executive summary to the MHB.

Ms. Ruffin added the following: All hospitals have signed a new diversion agreement. If PES is too crowded or is unsafe, police will take the person to the closest hospital. A dry run will be held to make sure the new agreements work.

V. COMMITTEE REPORTS

Budget Committee

Ms. Block reported that the Response Team invitations are being sent out this week. She said that the purpose of the R-Team is to help the mental health constituency be more effective in responding to critical issues.

Children's and Public Relations Committees

Ms. Leib reported that the Committees are continuing to work on the Adolescent Health Forum, which is scheduled for November 18th. She said that three of the Featured Presenters are confirmed. She said the University of California Medical Center is donating the use of Cole Hall on Parnassus Avenue for the Forum. She said invitations will start going out in 2-3 weeks, and that the anticipated attendance is 200-300 people.

Executive Committee

Ms. Block called attention to Attachment A, regarding presentations at MHB meetings, and Attachment B, regarding the MHB brochure, and asked Board members to respond.

Program Review Committee

Ms. Mah noted that Nancy Presson from DMS had made an excellent presentation to the committee on managed care. Dr. Moses added that the Committee had also discussed the budget, specifically the amount spent on administration vs. the amount spent on direct services. He said the Committee would be monitoring managed care to see that not so high a percentage of the budget would be going to administration.

Quality Improvement Committee

Dr. Cohen announced the following: Myself and Amelia Morgan are presenting recommendations on the target population. I would be glad to get feedback from any Board members.

VI. PUBLIC COMMENT PERIOD

Ms. Block introduced Mr. Kalman with the following comments: Emeric Kalman has proposed that the Richmond/Sunset Water Pollution Control Plant (RSWPCP) not be demolished as planned, but be converted to a facility for recreation and occupational therapy for clients of the mental health system.

Supervisor Angela Alioto has authored an ordinance which would halt demolition until Mr. Kalman's proposal could be considered and public hearings held. This proposed ordinance is currently tabled. (File #53-95-1)

According to the Clerk of the Board of Supervisors, the proposed ordinance which would fund the demolition of the RSWPCP is also tabled. The total appropriation proposed is $4,145,000. (File #101-95-15)

Mr. Kalman made the following comments: At the Budget Committee meeting at the Board of Supervisors this afternoon, there was strong opposition to my proposal from the Parks and Recreation Department and the Dept. of Public Works. The planner from Parks and Recreation was misguiding the Committee. I told them that there are buildings there worth millions, regardless of what use they are put to. They were talking about putting in a soccer field. I told them that San Francisco doesn't have a soccer crisis, it has a mental health crisis. Bill Lee, the CAO for San Francisco, invited me to come talk with him about my proposal tomorrow at 1 p.m.

Mr. Howard made the following comments: My name is M.P.R. Howard, also known as Pat Howard. Last month the Board had a presentation on cultural competency with regard to sexual minorities. One of the presenters tried to lighten the evening with a joke which I found very offensive. The Board did not even notice. The Human Rights Commission is still investigating it, but has made a preliminary finding that it was at least in poor taste. The response I got from Norma Block was as empty and without feeling as the initial joke last month.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:17 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

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MEETING OF THE FULL BOARD

Wednesday, October 11, 1995
1380 Howard Street, Fourth Floor Conference Room
7:00 p.m.

AGENDA:

I. CALL TO ORDER/INTRODUCTIONS

5 mins II. CONSENT CALENDAR
- Approval of September Minutes
- Ratification of Executive Committee decision to have no MHB meeting in December (See Attachment A).

60 mins. III. PRESENTATION: Bob Okin, M.D., Chief of Psychiatry at SFGH, will be our featured speaker. See flyer for details.

30 mins IV. MHB COMMITTEE REPORTS
- Executive Committee:
  - *Mandatory Direct Rent Payment System: ACTION (See Attachment B)
  - *Announcements: Committee Liaison Appointments
  - *SAMHSA Grant Request: Ratification of Executive Committee Action (See Attachment C)
- Budget Committee
- Children's and Public Relations Committees (Joint Report)
- Program Committee
- Consumer/Family Member Task Force
- Provider Advocacy Board (new name)
- MHB Reps. to Other Committees/Groups
  - *SFGH CAB, DMS Committees

20 mins. V. REPORT FROM DMS/DPH: Jo Ruffin, LCSW

5 mins. VI. PUBLIC COMMENT PERIOD

VII. ADJOURNMENT

MENTAL HEALTH BOARD
ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

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A Special Presentation
by Robert Okin, M.D.
Chief, Department of Psychiatry
San Francisco General Hospital

DESCRIPTION AND PRELIMINARY OUTCOME DATA OF THREE INTENSIVE CASE MANAGEMENT PROGRAMS DEVELOPED BY THE DEPARTMENT OF PSYCHIATRY AT SAN FRANCISCO GENERAL HOSPITAL

- Clients who would otherwise be sent to an L-Facility.
- Clients with repeated jail histories.
- High users of SFGH Medical Emergency Room.

Join us at the
Mental Health Board meeting
on Wednesday, October 11, 1995 at 7 p.m.
at 1380 Howard Street (corner of 10th)

Public Health

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SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

MEETING OF THE FULL BOARD

Wednesday, October 11, 1995
1380 Howard Street, Fourth Floor Conference Room
7:00 p.m.

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AMENDED AGENDA:

I. CALL TO ORDER/INTRODUCTIONS

5 mins **II. CONSENT CALENDAR**

- Approval of September Minutes
- Ratification of Executive Committee decision to have no MHB meeting in December (See Attachment A).

60 mins. **III. PRESENTATION:** Bob Okin, M.D., Chief of Psychiatry at SFGH, will be our featured speaker. See flyer for details.

25 mins **IV. MHB COMMITTEE REPORTS**

- Executive Committee:
  - *Mandatory Direct Rent Payment System: ACTION (See Attachment B)
  - *Announcements: Committee Liaison Appointments
  - *SAMHSA Grant Request: Ratification of Executive Committee Action (See Attachment C)
- **PROPOSAL FOR MORATORIUM ON LOW-COST HOUSING: MHA Housing Committee has asked us to join them in opposing this proposal. It may be taken up at the Board of Supervisors before the next meeting, so has been added to the agenda as an emergency item.** Per the Sunshine Ordinance, this Amended Agenda has been posted at City Hall and the Public Library.
- Budget Committee
- Children's and Public Relations Committees (Joint Report)
- Program Committee
- Consumer/Family Member Task Force
- Provider Advocacy Board (new name)
- MHB Reps. to Other Committees/Groups
  - *SFGH CAB, DMS Committees

15 mins. **V. REPORT FROM DMS/DPH:** Jo Ruffin, LCSW

5 mins. **VI. PUBLIC COMMENT PERIOD**

VII. ADJOURNMENT

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UNADOPTED MINUTES

Wednesday, October 11, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Pamela Balls Organista, Ph.D.; Anita Burton; Darwin Dias; Peggy Gilleran, J.D.; Maria Leib; Suzanna Mah Fong, R.N., M.S.N.; Toye Moses, Ph.D., M.P.H.; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Lois A. Jones; Rich Samples.

ADJUNCT BOARD MEMBERS PRESENT: Robin Cooper M.D.; Steve Leoni.

PRESENTERS: Robert Okin, M.D., Margarie Davis

OTHERS PRESENT: Linda Wang (DMS); Heather N.W. McIntosh; Michelle Hampton, R.N. (UCSF); Mabel Jung (South of Market Clinic, ISC2); Evelyn Balancio (MOST); Lucille Ramstetter; Emeric Kalman (interested parent); Baird Bramer; Martha Stein (Milestones); John O'Brien; M.P.R. Howard (El Tecolote); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Acting Chair, at 7:07 p.m.

II. CONSENT CALENDAR

RESOLUTION (MHB-95-35): Be it resolved that the minutes of the MHB meeting of September 13, 1995, be approved as submitted, with the exception that the speech and award honoring the administrative assistant be included. (Passed)

RESOLUTION (MHB-95-36): Be it resolved that the meeting of the Mental Health Board scheduled for December 13, 1995, be canceled. (Passed)

III. PRESENTATION: Description and Preliminary Outcome Data of Three Intensive Case Management Programs Developed by the Department of Psychiatry at San Francisco General Hospital

Ms. Block introduced Dr. Okin, Chief of Psychiatry at San Francisco General Hospital, former Commissioner of Mental Health for both Vermont and Massachusetts, and recipient of an Award of Appreciation from the San Francisco Alliance for the Mentally Ill. She added the following: As a consumer, every time I have heard Dr. Okin speak, I feel that he still has a concern for the past and present suffering of consumers. To have someone be the head of Psychiatry at SFGH who can do that while dealing with spreadsheets and space allocations is remarkable.

Dr. Okin made the following remarks: Having a Mental Health Board comprised of citizens is very, very important. Having sat on boards myself, I've sometimes wondered if I was doing any good. Sometimes it's hard to know what intangible good you're doing. To me, it's very reassuring to have a Board, and to know that when things get bad, there's someone to fight along side of us. The Board of Supervisors know that there is a board here they must be accountable to.

Using transparencies on the overhead projector, Dr. Okin made his presentation as follows: At SFGH there are many services we provide in addition to Psychiatric Emergency Services (PES) and the inpatient wards, services which we provide ourselves or provide in partnership with other agencies. For example we have a partnership with RAMS in running a partial hospitalization program.

We have a series of case management programs to provide services for people who seem to have intractable problems, people who have become very discouraged.

Citywide Case Management (CWCM) started over 10 years ago focusing on patients who come to SFGH over and over. These are people we have been unable to stabilize. The goal is to improve the quality of their lives and decrease hospitalization.

Recently we've started up a forensic case management program in collaboration with psychiatric services at the jail.

The Kujichagalia project is an intensive case management program directed toward people who would otherwise go to L-facilities to spend 6-9 months there. We wanted to see if we could avoid that.

We have a case management program for people who are HIV+ and who have substance abuse problems.

We have a crisis case management program for people who come to PES over and over again. We get involved immediately and can work with them for up to 60 days. Then we get them involved in the cluster system. We do everything we can to assist them—

helping them find housing, helping them with medications, helping them with shopping.

We also have a Medical Emergency Room high user project. This is for people who come to the Medical Emergency Room over and over, sometimes as many as 40-50 times a year. This is often a very lonely group of people.

Each of these programs has to be tailored in such a way that they met the needs of the specific target population. With regard to the budget for the Department of Psychiatry, 63% is devoted to some form of acute care. But 35% is going to broad-based community care. This case management component is a growing component.

I got interested in case management originally when I was Commissioner of Mental Health for the State of Vermont. I was going through hospitals there and saw many people who were just whiling away time. When asked about their needs, they asked for a range of services. There was not necessarily a reason for them to be in the hospital. The hospital was serving as a place of last resort. We began to design programs and it was remarkable how fast these people responded to a specific kind of intervention and the establishment of a stable relationship with one person, instead of one person one day and another on another. They learned to trust.

Case management and housing have preoccupied me all through my professional life. These two are the most pressing needs and the most lacking. It's shocking how many people have been sent out of hospital with the promise of services which never materialize. There has also been a serious underestimation of the intensity of case management needed.

As budgets were cut, more and more patients were added to the case loads of each staff. It has been found that when you get beyond a ratio of one staff for 10-12 patients, that dilutes the staff's ability to help. I would chose to fight it out over staff to patient ratio, because just increasing that ratio hides the real problem of funding cuts. One study compared a ratio of 1:12 to a ratio of 1:30. The cost effectiveness was better for the 1:12 group. They had many fewer hospital days than the 1:30 group.

When I first came to SFGH, I often passed through the Medical Emergency Room on my way to my office. I started to recognize people there, and then started knowing them by name, and they got to know me. I started thinking that they must be there a lot, and wondered why. We asked the computer to give us information on the 200 highest users of the ER. It turned out they used the ER between 12 and 47 times a year, with the average being 17. Our review took place a year and a half ago. We studied 193 people. First we looked at a sub-group who did not have substance abuse. But when we looked at their charts, there was a history of substance abuse. Of the 193: 85% were men; 61% were African American, 31% Caucasian, 7% Latino; 50% were medically indigent; 99% were unemployed; 85% were essentially homeless. The problems of homelessness leads people into the ER. They get beaten up or traumatized. The leading issues which were causes for coming into the ER were: Fractures, sprains, contusions, 73%, and musculoskeletal problems, 56%.

We designed an intervention program. We started with 16 clients. Before being enrolled 8 of the 16 had entitlements, after enrollement 12 had entitlements. At the beginning all had substance abuse problems, but at the end of 8 months 50% were clean, and the others had reduced usage. Initially all were homeless, but that was reduced to 37%. The number of ER visits decreased by 45%, and we expect that to become an even more dramatic change over a longer period of time.

Under fee-for-service reimbursement, the hospital doesn't have an incentive for comprehensive care, because every ER visit is billable. Managed care is a good environment in which to take care of these high users. But it is a terrible environment for low users. We reduced the number of medical inpatient admissions from 2.5 to 1.5. And we reduced the overall inpatient medical days of care. This project shows that they are people who are high users of the medical system because of psychosocial issues which bring them into the hospital.

Ms. Burton asked if they were referred from the Medical ER to PES. Dr. Okin replied that they are referred directly to the case manager instead of sending them through PES. Ms. Burton stated the following: In San Francisco there are lots of programs in place, but still no employment for a person who comes into the mental health system at a very early age. Dr. Okin replied as follows: This is a big problem. We have talked about having a program for people suffering from their first break, in order to prevent them from going into a downward spiral. The effect of despair in dragging people down is enormous. Despair is often seen as part of the illness, but it is a reaction to the illness.

Dr. Okin then introduced Margarie Davis, Case Manager with the Medical ER case management program, who made the following remarks: Our clients typically are people who come into the ER and make a lot of noise. A nurse will call us for help. The man I will be talking about had a whole corner of the emergency room, and was demanding, "I'm out of medication. Give me my medication." The pharmacy could take 3-4 hours, and meanwhile the rest of ER would be on guard, while he went on making noise.

I got the call, went in there, and introduced myself. I said, "What if I can get that medication in 10 minutes?" We got the prescription in 7-8 minutes. Then I asked, "Would you come back tomorrow and talk with me?" I asked him where he lived. He replied that he was living in a box behind the Carl's Jr. on Market Street. Then I told him, "Okay, then I can come find you if you don't come in to see me."

He came in to see me, and I made it clear to him that I knew how to work the system. It became clear to me that it doesn't matter to these clients how much you know, but that you care about them, and care about what you are doing, and that you will be there for them, that you will be stable in their lives. In 6 months I was able to get him moved from behind Carl's Jr. to a shelter. He was in and out and coming to the ER a lot. He had asthma and congestive heart failure. One day he told me, "I'm tired of staying in shelters." I said, "Great, let's get you into a hotel room." And I got him moved there.

Then the ER called one day and said he was back. I told them, "That's because he's sick." He ended up on a respirator. The medical treatment team wanted to take him off the ventilator. I talked to him and he wanted us to keep him alive. We argued for his survival. When he was ready for discharge, I asked him, "What if I could find you a Board and Care home, would you go? You can either go back to Carl's Jr. or come with me to a Board and Care." He went with me. Two weeks later he was back in ICU. This time he was telling me about his life. He had spent 15-20 years in jail for forcible rape, murder, and drug trafficking.

I asked him about entitlements, but he felt he didn't deserve them. But we got his entitlements restarted. I decided that the Board and Care was not the best place for him, and he agreed to go to Laguna Honda. He was there for 4 days. When I went up to see him, I was told he had died that day. But this is what my job is about. Moving people from the streets to a place where they can have some dignity.

Case management is something where you have to respect the person. When they get to this position way down low, they want to know if you'll have some staying power with them. You have to be invited in. Sometimes you have to go backwards with a person for a while. Then they'll ask, "What about that place you were telling me about?" I call it a partnership, because together we make changes. I have certainly learned a lot from my clients. I'm very fortunate to have this job and to work in the ER.

Dr. Moses asked if she was scared to find out his history of violence.
Ms. Davis replied as follows: If you work in psychiatry, your sense of crisis diminishes. You judge your crises. At this point in his life, he really wanted help. I don't read the case history, because I want to go in and not be on guard. If you're on guard, they sense that and then the conversation's over. I want to get the dialogue started. They can read you very quickly.

Dr. Balls Organista asked how easy or difficult it is to coordinate the care Ms. Davis gives with other providers. Ms. Davis said, "You don't want to ask me that question." Dr. Okin added the following: Sometimes we get someone into a shelter and then the shelter staff won't talk to us about the client. Ms. Davis continued: I've taken the patient into a shelter, and from the minute the form is signed, I can't get information anymore. They won't tell me anything. You call the agency and tell them John Doe has a doctor's appointment today, and they say they're sorry, but they can't give him that information. I have more problems with my colleagues in the system than with my clients.

Dr. Okin added: We now have a team in place and we'll be trying to set up memos of understanding with other agencies. Ideally it should be done centrally. We want MOU's with Social Security and with shelters. We already have MOU's with medical clinics.

Dr. Cooper directed the following to Ms. Davis: You keep talking about this as if you have a heart and energy, but it seems like this is a very sophisticated kind of work. Could you tell us about your training. Ms. Davis replied as follows: What I've learned, I learned from the clients. I'm a licensed psychiatric technician and have had 2 years of nursing school. Dr. Cooper continued: I have a point behind my question. I'm wondering about the cost-effectiveness as compared to hospitalization. It seems to me that treating people with these kinds of problems and having staff with this level of sophistication is not cheap—though very necessary. Dr. Okin replied: Yes, it's cheaper than the hospital, but it is not cheap. You can't just breeze in and breeze out.

Ms. Santos asked about the size of the team and the case load and how many are dual diagnosis. Ms. Davis replied: They are dually-diagnosed. Currently there are 5 staff on the team, 4 of whom just started in July. I have a case load of 15. Dr. Okin added that the plan is to have 12-15 in each case load.

Mr. Howard asked about cuts and if Dr. Okin foresaw a time when only extreme cases would get health care at SFGH. Dr. Okin replied: I don't see any real hope for the medically indigent in this state short of a class action suit. I think the state will have to be forced to provide care and won't do it willingly.

Ms. Spanglet asked about prevention and early intervention. Dr. Okin replied: It really costs more to give people good care compared to abandoning them. You may save some money down the road. But to give people quality care and quality of life will cost. I believe it is affordable to give quality care. This is a rich country and it all depends on how much people want to share.

There has been a big trans-institutional shift, moving people from psych hospitals to jails. As the population in state hospitals has dropped significantly, the population in jails has increased. We looked at case management with 15 clients, and saw that their jail days per month dropped from 13.83 to 1.68. This is small sample, but it is an indication of the effectiveness of case management.

Still, we strike out with certain people. With all of our sophisticated interventions, there are some people we don't know how to help. Some of these clients will cost more rather than less, because once we draw them in, now they will come to the hospital for treatment.

Ms. Mah asked how the MHB and DMS could support the Department of Psychiatry. Dr. Okin replied: The odds are so stacked against case management. You can help by bringing the data we've collected on effectiveness to the Health Commission and the Board of Supervisors. I'm interested in data for two reasons: 1) I want to know if these programs work, and if not, then let's ditch them. 2) If the programs work, then the data are arrows in the quiver for advocacy.

Dr. Moses asked about the impact of managed care on case management. Dr. Okin replied: If California is stuck at the current percentage of Medicaid reimbursement, it's going to be hard to do anything. We'll have to do a class action suit.

Why is there no capitation for the jail system? I've actually argued that we should use capitation and move some of the people out to other services.

IV. COMMITTEE REPORTS

Ms. Block announced that Dr. Janice Cohen had submitted a letter dated October 11, 1995, saying that she was resigning from the Mental Health Board.

Ms. Block briefly reported on the ad placed in the *San Francisco Business Times* by San Francisco Mental Health Education Funds, asking people in the business community to call their elected representatives in Congress opposing the pending cuts in Medicaid and Medicare.

Executive Committee

Ms. Block then called attention to Attachment B in the Board packet.

RESOLUTION (MHB-95-37): Be it resolved that the Mental Health Board opposes the mandatory direct rent deduction program and write to the Board of Supervisors, the Social Services Commission, and the Director of Social Services, stating MHB opposition to the plan, as follows:

"The Mental Health Board urges that the Mandatory Direct Rent Deduction program not be implemented. This program will only hurt poor people, especially recovering substance abusers and mental health clients. The hotels to be used in this program are well known to be not only vermin-infested and in violation of residential and housing codes too numerous to list, but also havens for drug dealers and the violence associated with drug dealing.

"Far from alleviating homelessness, this program will increase it as people drop off aid rather than live in these dangerously substandard hotels. To force people to live under such appalling conditions or forfeit their aid is cruel, inhumane and not even cost effective, as people forced to make such a choice will often drop off assistance, turning to full-time panhandling, putting them at increased risk of being jailed for Matrix infractions - at greater cost to taxpayers. For the mentally ill, it will too often mean decompensation to the point of needing hospitalization. This will also be more costly to taxpayers. Those who accept the program will find themselves with as little as $30 a month for the rest of their living expenses, from laundry and bus passes to such luxuries as toothpaste and shampoo. We have rarely seen such a mean-spirited and short-sighted plan.

(For the Board of Supervisors' Letter:) Please continue to do the right thing and refuse to implement this regulation.

(For the DSS letters:) Don't be fooled; this regulation will not help anyone except for the owners of these awful hotels, nor will it save the City any money."

(Passed)

Ms. Block announced that with the concurrence of the Executive Committee, she had appointed Toye Moses to represent the MHB on the Quality Policy Committee of DMS. She noted that she was particularly delighted to make this appointment in light of Dr. Moses' extensive experience. She noted that he was also a recipient of an award from the San Francisco Foundation.

Ms. Block announced that with the concurrence of the Executive Committee, she had appointed Peggy Gilleran to be the MHB representative to the steering committee for the Mobile Crisis Unit of DMS.

Ms. Block then called attention to Attachment C in the Board Packet:

> **RESOLUTION (MHB-95-38): Be it resolved that the Mental Health Board ratifies the action of the Executive Committee in: 1) Endorsing the SAMHSA grant application to be submitted by DMS, and 2) Informing DMS that the MHB will not endorse a grant application in the future without complete and timely information. (Passed)**

Budget Committee

Ms. Block reported that 42 people had signed up as members of the R-Team to date. She said that 140 invitations were being sent out by AMI, 250 by the MHA, and 200 by the DMDA.

Ms. Spanglet noted that she had also distributed invitations at the Vigil. She noted that there were 150-175 people in attendance at the Vigil. She said over 500 press releases had been sent out, but no people from the media had shown up. However, she said that she and Mary Suloway of the MHA had appeared on a number of radio programs prior to the Vigil.

Ms. Spanglet then displayed a copy of the "Contract with San Francisco" by Ben Hom, candidate for Mayor. She read item #2 from the contract which she pointed out was insulting to the mentally ill among many others.

> **RESOLUTION (MHB-95-39): Be it resolved that the Mental Health Board send a very forceful letter to the *San Francisco Independent* in protest of item #2 in Ben Hom's "Contract with San Francisco" which recently appeared in the *Independent*. (Passed)**

Public Relations and Children's Committees

Ms. Leib reported that the Committees have continued working on the Adolescent Health Forum, which is set for November 18, 1995. She said the Forum brochure had been printed and had been mailed out. She said that UCSF, a co-sponsor with the MHB, was going to be doing press releases.

Program Review Committee
Ms. Mah reported that the next meeting would look at strengthening program reviews. She said the Committee had invited Lewis Eng, the DMS pharmacist, to come to the next meeting to talk the limitations which have been placed on MediCal prescriptions—in response to a request made by Rich Samples and other consumers. She said that the Program Committee would be providing a training on program reviews at the January MHB meeting.

Consumer/Family Member Task Force
Ms. Planck noted that there is still an opening for someone who would like to serve as MHB liaison to the CTF. Mr. Leoni noted that the CTF had just held its annual elections and that the people elected to the Executive Committee are: Bridgett Brown, Carol Patterson, and Mickey Shipley.

Dr. Moses made the following comment: Since I've been here, I've seen a lot of people make presentations to the Board. It might be good to take 10 minutes after they've finished to process what we've heard and make decisions or make recommendations. There was general round of approval for this suggested.

Ms. Planck added: Anita also suggested skipping a presentation one night in order to take care of committee business.

V. REPORT FROM DMS/DPH

Ms. Wang reported for Jo Ruffin as follows: For many years we've been looking forward to the Rehabilitation Facility next to SFGH. There is currently quite a bit of protesting going on on the part of the unions about the issue of contracting out the facility. The Health Commission authorized proceeding with the negotiating of the contract with Telecare, but did not actually approve the contract.

This will be a rehabilitation facility, but not a long-term facility. It will not be a warehousing facility. We will have a much closer relationship to this facility than to the out-of-county IMD's. We will have a much closer involvement of the community and staff. It's currently very hard to have staff go to Vallejo and San Jose to visit clients. Such a trip takes half a day, and these staff have case loads of 40-60 people. We anticipate a much better connectedness between coordinators of care and their clients.

Ms. Mah said she was concerned about the staff qualifications. Ms. Wang replied as follows. Telecare has submitted a staffing pattern. It has to be people who are licensed. In addition there are special staffing requirements we're making for the R-Facility.

Ms. Mah said that she was concerned about Telecare saving $1 million on staffing. Ms. Wang said that the unit cost will still be more than the unit cost at the IMD's. Dr. Cooper asked about the plans for transitioning clients from the R-Facility to the community. Ms. Wang said that there are no new resources to use for this, but that DMS will be able to make better use of existing resources and will be able to make better transitions.

Mr. Dias asked if the R-Facility would accommodate all IMD clients. Ms. Wang said that there are currently about 450 people in IMD's, but the R-Facility has a capacity of only 185. Dr. Moses said he was concerned about length of time it's taking to open the facility. He asked what can be done to speed it up. Ms. Wang replied: Telecare will submit their paperwork by the end of this week. It will be reviewed within the next couple weeks. The issue may not go before the Health Commission until mid November. What we are targeting ideally is January to begin the process of opening the facility. We'll be opening it gradually to allow Telecare to get a feel for the facility.

VI. PUBLIC COMMENT PERIOD

Mr. Howard made the following remarks: I submitted some things to this Board last month. You people have had a good 4 weeks to look at it and I have not gotten a response. I would appreciate a response on this problem that I see with this Board.

Mr. Kalman asked if the Board had taken any action on his proposal for converting the old water pollution plant to a facility for the use of the mentally ill. He noted that he had had a meeting with Arthur Jackson, President of the Health Commission, who said he would be following up on the idea. Ms. Block said that his proposal would be put on the Executive Committee agenda.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:30 p.m.

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SAN FRANCISCO MENTAL HEALTH BOARD

Public Health

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

MEETING OF THE FULL BOARD

Wednesday, November 8, 1995, 7:00 p.m.
1380 Howard Street, Fourth Floor Conference Room

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AGENDA:

I. CALL TO ORDER/INTRODUCTIONS

5 min **II. CONSENT CALENDAR:** • Approval of October Minutes

60 mins **III. MHB COMMITTEE REPORTS**

- Executive Committee: ACTION:
  - Ratify letter opposing moratorium on low-income housing (Attachment A)
  - Ratify letter in favor of using surplus Park property for Mental Health Rehabilitation (Attachment B)
- Budget Committee
- Children's and Public Relations Committees (Report on status of Adolescent Health Forum)
- Program Committee (ACTION) Endorse letter to DMS Regarding pharmacy and medication policies (Att. C)
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Reps. to Other Committees/Groups
  *SFGH CAB, DMS Committees
- Special Reports
  Toye Moses—Deputy Director Selection Committee
  Phyllis Spanglet—Candidates Night
  Peggy Gilleran—Mobile Crisis Unit Steering Committee

30 mins. **V. BOARD MEMBER DISCUSSION AND REVIEW OF PRESENTATIONS FROM THE LAST 6 MONTHS** (Att. D.)

20 mins. **VI. REPORT FROM DMS/DPH:** Jo Ruffin, LCSW

5 mins. **VII. PUBLIC COMMENT PERIOD**

VIII. ADJOURNMENT

MENTAL HEALTH BOARD ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Down-town Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

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UNADOPTED MINUTES

Wednesday, November 8, 1995, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Pamela Balls Organista, Ph.D.; Anita Burton; Darwin Dias; Lois A. Jones; Maria Leib; Suzanna Mah Fong, R.N., M.S.N.; Toye Moses, Ph.D., M.P.H.; Joanne Ross; Rich Samples; Mary Santos, R.N., M.S.N.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Peggy Gilleran, J.D.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

OTHERS PRESENT: Sandra Hernández, M.D., (Director of Public Health); Deborah Learner (Planner, Recreation and Parks Dept.); Phyllis Harding (SFGH Administration); Jo Ruffin (DMS); Keith Hearle (DMS); Annette Goldman Mosqueda (Provider Advocacy Group & Baker Places); Laurel Lipkin; Laurie Umeh (N.P. Student, UCSF); Armando Sosa, Community Advisory Board, Dept. Psychiatry, SFGH); Ruth Parson (Mental Health Educator); Emeric Kalman; M.P.R. Howard (El Tecolote); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/APPROVAL OF MINUTES

The meeting was called to order by Norma Block, Chair, at 7:08 p.m.

SPECIAL ORDER OF BUSINESS

Ms. Block announced a change in the agenda due to the presence of Dr. Hernández, the Director of the Department of Public Health. Ms. Block introduced Dr. Hernández, who asked for all DPH and DMS staff to leave the room before making the following remarks regarding the position of Deputy Director for Mental Health and Substance Abuse Services: We're on the verge of offering the Deputy Director job to one of the candidates. Toye and Steve were on the interview panel. We used many of the questions which were provided by this Board. The interview panel qualified two candidates: Jo Ruffin and the current director of mental health for Santa Clara County. I will be meeting with each of them individually, then I will be prepared to offer the position.

I'm here tonight to ask this Board in your regulatory position to bless what the panel has done. I think the process went very well. We had a reasonable pool of candidates and a lot of internal candidates. We did a paper screen first, then interviews. There are pluses and minuses to both internal and external candidates. In either case I think we would get an excellent Deputy Director. Both of the remaining candidates have equivalent experience. It comes down the learning curve for someone new or Jo stepping out of her role as a peer and becoming a leader.

Dr. Moses said the following: I want to thank the Board for electing me to serve on the interview panel. The process was very well done. We spent a whole day interviewing 5 candidates. We made a very strong recommendation to the Director. We have confidence in her that she'll make the right decision.

Mr. Leoni added the following: I concur with Toye. I was very grateful to be part of the process.

Dr. Hernández then continued as follows: Many, many people help with this process. If there are any issues or concerns about it, now's the time to put them forward. If the decision is to chose Mr. Martinez from Santa Clara, I'll bring him to the Board to meet you. In the meantime, I do want your blessing to go ahead with the process.

Ms. Block thanked Dr. Hernández, then added: We appreciate your courtesy in keeping us informed all along the way.

Dr. Hernández then said: The process has taken longer than we originally thought it would, but that's always the case. It has been a pleasure to work more closely with you over the past months while I've served as interim director, and I look forward to continuing to work with you in the future.

I have Bob Martinez scheduled for an interview tomorrow. I've asked him for 6 references: 2 government, 2 consumers, and 2 contractors. I'll be asking him my hard questions. Similarly, when I interview Jo, I want to ask her my hard questions. I want to be done with the process by the end of next week.

Ms. Block then asked the Board for a straw poll on the question of giving approval to the work of the interview panel in selecting Jo Ruffin and Bob Martinez as the two finalist candidates for the position of Deputy Director. There was an informal consensus of support.

DPH and DMS staff were invited back into the meeting room, and Dr. Hernández then discussed the Rehabilitation Facility on Potrero Avenue as follows: We've been moving forward as quickly as possible, pursuing appropriate licensure. The application is in. At the Health Commission meeting in August we were asked to begin negotiations with Telecare to operate the facility and simultaneously meet with the unions to see if we could develop a cost comparable alternative. It would cost about $1.5-17. million extra for civil service to run the R-Facility.

There are two major reasons why we are emphasizing contracting out this facility:
1. We've never run a facility like this in the city. We'd have to buy the technical expertise needed and it would take longer to become operational.
2. There is absolutely no question that we could open much sooner with the contractor as opposed to the unions. Even if every stop were pulled from our bureaucratic maze, to do job reclassifying and hiring through Civil Service would realistically take 18 months. During the next 18 months we'll be developing job classifications for the facility in case it is decided to bring it back in-house.

My objective is to get the facility open in January or February of 1996. With Telecare operating the facility, we would likely have patients in there in March.

We're not in an ugly war with labor. We have mutual respect for each other's positions, and we will continue to look at Civil Service classifications. The unions have a legitimate concern that if the Facility is contracted out, it will never be brought back to Civil Service.

The contract with Telecare is very close to complete. When all the paperwork is finished, the decision will go to the Health Commission and then to the Board of Supervisors where it would need 6 votes.

I would like to get some perspective from the Mental Health Board about your view on opening the R-Facility. At some point it may be up to the MHB to ask the community to push this if you want it open early next year.

Ms. Harding, who has been in charge of the construction or the R-Facility and preparing it for operation added the following: Everything we can do in lieu of the political decisions being made, is being done. Furniture and equipment have been acquired and are waiting in storage. Ms. Ruffin added: We have also begun to identify which clients we would be placing there.

Ms. Jones asked if this also applied to children's programs, specifically Seneca. Ms. Harding replied as follows: They expect to be bringing in children next week for the AIRS program. All furniture and equipment is in place. Seneca will probably have 12 beds. We're looking at another 15 beds for the locked portion. That decision making process is beginning. I've met with the Seneca staff to go over the AIRS residential program.

Dr. Hernández added the following: Telecare, if the contract is finalized, would only operate the adult portion of the Facility. Ms. Jones asked if the children placed out of county will be able to come home. Ms. Ruffin replied: Yes, that's the point of the new facility. Ms. Jones asked how the beds would be utilized and brought up a concern of some parents that the beds would be used by the criminal justice system. Dr. Hernández replied: Utilization will be done through the regular children's mental health process and there will be clinical guidelines for the decisions being made. Ms. Ruffin added: It is specifically not a criminal justice unit. Ms. Harding noted: We've started reviewing kids in Napa as the first priority. I believe that all the kids who were once placed in Utah have been brought home.

Dr. Moses asked the following: Do you foresee any problem with the Board of Supervisors, and if so, do you need any help with talking to them. Dr. Hernández replied as follows: The Board is aware of the problem of the out-of-county placements. They have some concerns about contracting out a new facility. Some are concerned about running having Civil Service operate the facility. There does not seem to be the sense of urgency about opening the facility that DPH feels. I met with Supervisor Alioto and she asked what the MHB thinks.

We can either:
1. Contract out to Telecare.
2. Do the full Civil Service process which would require 18 months.
3. The City can give us $1.5 million additional funding to pay for the difference in Civil Service salary. However, if they were to give us an additional $1.5 million, I can think of other more pressing needs than to use it for Civil Service salary.

The Board of Supervisors has said that we should try to make a deal with labor, and I have tried to do it.

Ms. Spanglet asked the following: Would there be any harm in us calling the Supervisors and educating them to the importance of opening the R-Facility soon and re-uniting the consumers with their families? Dr. Hernández replied as follows: I think that would be very appropriate. They've heard from the Department and from the union. But they have not heard much from consumers and family members.

Mr. Leoni raised the following point: I'm concerned about what if there is a transition from Telecare to Civil Service in 18 months, what would be the impact on consumers? Dr. Hernández replied: One of the labor people asked if the facility could be split 50-50. From the management perspective we think that would be very difficult. One thing labor people said early on made me irate. They spoke of this mental health program as a dumping ground for Civil Service staff who got bumped from downsizing in other areas. We're going to be doing intensive rehabilitation, and with staff bumping in and bumping out, it won't work. Labor sees this as a generic program and we see it as a very specific program requiring specific skills.

Mr. Leoni added: I'd hate to be in a position in 2 years where people would say, Don't change to Civil Service because of the negative impact of the transition on clients. Dr. Hernández replied: That's a good question. I'll take it back to the committee.

Dr. Balls Organista asked the following: It sounds like a tough situation. I kept thinking what are the costs of delaying the opening of this building for two years, now that we have a completed facility that's a precious resource.

Dr. Hernández replied as follows: There are two costs. First, there is the human cost. People are currently being placed out of county who want to be home. Secondly, there are the financial costs. We've set up the budget based on being able to bring some out-of-county clients home. There is also the problem of having a mostly empty building, such as the costs of maintenance. Also we will be opening the building to start the kids program, and we want to spread the overhead and liability across several programs.

It's also a patient's rights issue. We have the facility ready to go and it should be opened as soon as possible.

Ms. Block thanked Dr. Hernández for coming to meet with the Board. Then she proceeded with the agenda as scheduled.

ANNOUNCEMENTS

Ms. Block welcomed Joanne Ross who has been appointed to the Board by Supervisor Sue Bierman. Board members then introduced themselves to Ms. Ross.

Ms. Block announced the sad news of the recent death of Pat Powers, a former member of the Mental Health Board. She noted that Ms. Planck had taken up a collection which was given to Mr. Power's widow and daughter to pay for November rent.

Ms. Block then asked the Board to join her in honoring Dr. Pamela Balls Organista who is ending her Board service. Ms. Block made the following remarks: Pamela is my favorite kind of mental health advocate, because she is the promoter of the mental health of everyone she comes in contact with. She has been a dedicated Board member. She's come to meetings when she's been nauseous due to her pregnancy. She's had perfect attendance at full Board meetings and at her committee meetings. We'll all miss her. We wish her a healthy pregnancy and a happy birth in December.

Ms. Block then presented the following award to Dr. Balls Organista:

HONORING PAMELA BALLS ORGANISTA, Ph.D.
November 8, 1995

> The Mental Health Board of San Francisco wants to honor Dr. Balls Organista and thank her for over two years of service to our Board.
>
> Hers has been a consistent and strong voice in support of a functional and humane mental health system, and for the consumers the system exists to help.

We appreciated her clear vision and ability to help keep the focus on the mission of the MHB. She exhibited a unique combination of compassion and firmness, and the MHB is a stronger and better organization thanks to her contributions.

In addition to the benefits of her wisdom and "people skills", Dr. Balls Organista contributed to the MHB in more tangible ways. She was an active participant on the Issues and Public Interface Committee, the Public Relations Committee and the Executive Committee. As Secretary to the Board, she was one of its three officers.

Along with active participation and perfect attendance at the full Board and her own committees, she also worked with other committees:

- She conducted several MHB Program Reviews, a difficult and time-consuming task that is one of the Board's most important duties.

- She was the MHB's representative to the Provider Task Force, performing this liaison function with the same thoughtful and intelligent qualities she brings to everything she does.

It is our great loss that Dr. Balls Organista will be going off the MHB as of our next meeting, in January. She will be sorely missed and impossible to replace.

Our gratitude and affection go with her, and we wish her success and happiness in all her future endeavors.

Thank You, Pamela!

Dr. Balls Organista commented as follows: I'm very touched by your honoring me. For me, serving on the Mental Health Board has been a great learning experience. As a trainee in clinical psychology, one of my specialties was community psychology. Serving on the Board has been a wonderful way for me to come back to community work. I appreciate the spirit of everyone on the Board and your dedication. I have learned so much from all of you. Thank you!

II. CONSENT CALENDAR

RESOLUTION (MHB-95-40): Be it resolved that the minutes of the MHB meeting of October 11, 1995, be approved as submitted. (Passed)

III. COMMITTEE REPORTS

Executive Committee

RESOLUTION (MHB-95-41): Be it resolved that the Mental Health Board ratify the action taken by the Executive Committee in sending their letter dated October 20, 1995, to the Board of Supervisors requesting that that Board oppose any moratorium on low-cost housing. (Passed)

Ms. Ruffin noted that the Board of Supervisors unanimously approved the DMS Housing Plan.

RESOLUTION (MHB-95-42): Be it resolved that the Mental Health Board send a letter to the Board of Supervisors 1) suggesting that they put the Golden Gate

Park soccer field project on hold until such time as they can devote sufficient time to studying the issue, and 2) recommending that a public hearing be held on the use of surplus city property, for the purpose of making sure it is put to the best use, including possibly vocational rehabilitation programs. (Passed.)

Ms. Learner, Planner for the Recreation and Parks Department then made the following comments: I wanted to give you some background on this issue. Our Department was not noticed that this item was going to be on your agenda. The old sewage treatment plant at the western end of Golden Gate Park is not surplus property. It's on park property and has been a non-conforming use of that property for many decades. When voters approved the new sewage treatment plant, the demolition of the old plant was basically a condition of building the new plant.

We are concerned about the issue of the structures. They were build for sewage treatment. There are digesters and deep tanks filled with toxics. The buildings are not seismically or structurally sound. There is no water and no sewer system hooked up to the buildings. The buildings are not accessible for the disabled.

It would cost $7 million to make the buildings seismically and structurally sound. In the environmental review of the construction of the Oceanside sewage treatment plant, the demolition of the old plant is a legal mandate as a mitigation.

Soccer is part of the master plan for the Recreation and Parks Department, which has been submitted for environmental review.

Ms. Block asked that Ms. Learner submit recommendations for what her Department would suggest the Mental Health Board should include in it's letter to the Board of Supervisors.

Ms. Learner concluded: Our Department has a commitment to working with people with special needs. Mary Burns, the General Manager of the Department, takes a personal interest in this area and serves on the Board of the Special Olympics. I am impressed with the proceedings of your Board, and am glad to learn about the important work you are doing.

RESOLUTION (MHB-95-43): Be it resolved that the Mental Health Board put its letter which is the subject of Resolution MHB-95-42 on hold until it receives recommendations regarding the letter from the Recreation and Parks Department. (Passed.)

Budget Committee

Ms. Block noted that there are now 102 members of the Response Team. She said that the first issue the R-Team would probably respond to would be SB381, the legislation by Senator Petris on parity in health coverage for mental health services.

Public Relations and Children's Committees
Ms. Leib provided an update on the Adolescent Health Forum scheduled for November 18th, and urged all Board members to attend.

Program Committee
Ms. Mah reviewed the presentation the Committee heard from Lewis Eng, Pharmacy Services Coordinator for DMS. She said he began by discussing the limitations MediCal puts on prescriptions and then went on to other issues.

Ms. Planck added the following: One of the things Dr. Eng said was that one-half to three-quarters of the medications prescribed to mental health consumers gets flushed down the toilet, because of how bad the medications make consumers feel. What benefit is it to give people a cheaper medication if they won't take it. If you prescribed the better and more expensive medications, you could still save money over repeated hospitalizations. It makes sense to invest in pills that won't make people feel so bad they won't take them. That will help keep people out of the hospital.

Mr. Dias added the following: A lot of the generic versions of medications have more side effects, and the side effects can be worse than the benefits.

Dr. Moses commented: It was a wonderful presentation. It seems that pharmacists are more friendly toward patients than doctors. Pharmacists will spend some time explaining the medications to patients.

Ms. Block remarked: Many times when I go to the pharmacist to get medications, that's the first time I've gotten a warning. I have not gotten the warning from the doctor.

> **RESOLUTION (MHB-95-44): Be it resolved that the Mental Health Board write a letter to William McConnell, with a copy to Jo Ruffin, suggesting that more medication education be done, both for staff and clients. Be it further resolved that students and researchers be used when practical for such things as developing education materials, and that alternatives to traditional psychiatric medications, such as some of the new drugs, acupuncture, and holistic approaches be given serious consideration. (Passed.)**

Ms. Mah announced that the next meeting of the Program Committee would be focused on the program review interview process and revising the client questionnaires. She invited feedback from all Board members. She also noted that there would be a program review training session at the January Board meeting.

Consumer/Family Member Task Force
Mr. Leoni noted that there had been no major action items at the last meeting.

Provider Action Group

Dr. Balls Organista reported as follows: The Provider Action Group is in another start up situation. It's in the process of recruiting new members, and is interested in starting a newsletter for providers. Since I will be leaving the Board, there is a need for a new MHB liaison to this group.

Ms. Goldman Mosqueda, a member of the PAG, added the following: We are trying to improve communication with DMS. A lot of the time the way we hear about things is through rumors. Instead of waiting till policy is finalized, we want to be able to take positions early in the process and address issues and present our positions to the Board and DMS so we can have a voice in policy development.

Community Advisory Board, Dept. of Psychiatry, SFGH

Mr. Kat announced that the CAB now has 51% consumer members, and that they held a retreat during the past weekend.

Candidates Night

Ms. Block said the following: Two weeks ago there was a Candidates Night, for mayoral candidates, at St. Francis Hospital. Willie Brown was there, along with a representative sent Roberta Achtenberg and a representative sent by Frank Jordan. For the whole evening they discussed mental health. It was one of the few times that people at the level have discussed mental health issues for that length of time.

Phyllis Spanglet was one of the prime organizers of the event. We would like to honor her tonight.

Ms. Block then presented Ms. Spanglet with a bouquet of flowers to an enthusiastic round of applause. Ms. Spanglet then showed a front page photo of Willie Brown at the televised mayoral debate, wearing on his lapel the ribbon that he had been given at the Candidates Night, the blue symbolizing mental illness, and the silver symbolizing stigma. She told the story of getting the candidates night organized, and added the following remarks: Willie Brown said that of all the debates he had been involved in, this one had been the best, and that the audience had asked excellent questions. Two hundred people attended, showing that there is a constituency for mental health.

V. BOARD MEMBER DISCUSSION AND REVIEW OF PRESENTATIONS FROM THE LAST 6 MONTHS.

This issue was tabled due to lack of time. Dr. Moses asked that the issue of AIDS and mental illness be added to the list of topics proposed for future presentations.

VI. REPORT FROM DMS/DPH

Ms. Ruffin introduced Keith Hearle, the new Deputy Financial Officer, who is taking the place of Monique Zmuda at DMS.

She then distributed a written report (attached to the official copy of these minutes.) She noted the following: DMS is in the process of contracting out the program review process. The diversion policy, to respond to PES overcrowding, is in place, and we are working very hard never to have to put it into effect. The DMS Housing Plan was passed unanimously by the Board of Supervisors. Thank you to everyone who participated in the numerous hearings.

VII. PUBLIC COMMENT PERIOD

Mr. Kalman made remarks as follows: I am the father of a consumer. Since I have been coming to these meetings, my life has turned around. Thank you very much for your time and for the letter you wrote to the recreation and Parks Department. That's what I'm asking for, a public hearing. I have heard that the Board of Supervisors has been heavily lobbied by the Sierra Club and the soccer clubs. I have some suggestions for your letter regarding establishing a Center for Recreation and Occupational Therapy.

Recreation and Parks has their own problem. In 2 or 3 years why haven't they been able to solve the problem of the homeless and mentally ill in front of their headquarters.

Ms. Block said: I really admire you persistence. A lot of people would have given up long before this.

Mr. Howard commented as follows: Three months ago I presented this Board with a complaint and I have yet to receive a response from this Board. Your policy of public testimony which you distributed this evening is in direct violation of the Brown Act and the Sunshine Ordinance.

Ms. Planck responded: You did receive a letter from the Chair of the Board. Mr. Howard replied: I want to hear from the whole Board. Ms. Planck responded: A letter from the Chair speaks for the whole Board. Also the policy on public testimony is carefully researched and is in compliance with the Brown Act and the Sunshine Ordinance.

Mr. Samples made the following remarks: I wanted to say goodbye to the Board. I told Angela Alioto that I will resign at the end of my term at the end of January.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:02 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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The regular meeting of the
Mental Health Board of San Francisco
scheduled for Wednesday, December 13, 1995,
from 7 to 9 p.m. has been
CANCELLED.

The next meeting of the full Board will be
at the regularly scheduled time:
Wednesday, January 10, 1996
7-9 p.m.
at 1380 Howard Street.
The agenda for this meeting
will be sent to you at the beginning of January.

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD

Wednesday, January 10, 1996
1380 Howard Street, Fourth Floor Conference Room
7:00 p.m.

10/96

AGENDA:

I. CALL TO ORDER/INTRODUCTIONS

5 min . II. **CONFIRMATION OF APPOINTMENT OF JO RUFFIN AS DEPUTY DIRECTOR** (See Attachment A)

5 min III. CONSENT CALENDAR:
- Approval of November Minutes
- Ratify two letters sent by Exec. in December (Attachment B)

10 min IV. AWARDS; GOODBYES: To Roy Crew, The **Consumer of the Year Award.** To Rich Samples: Rich has requested no plaque, but wants a few minutes to say goodbye as his term expires.

15 min V. MHB COMMITTEE REPORTS
- Executive Committee: ACTION (Attachment C)
- Budget Committee
- Children's and P.R.C. : Adolescent Health Forum
- C/FMTF & PAG did not meet
- MHB Reps. to SFGH CAB, DMS Committees, Other
- Nominating Committee: To announce slate of officers, for February election. (See Attachment D)

45 min VI. PROGRAM REVIEW TRAINING
- Presented by the Program Committee

35 min VII. REPORT FROM DMS/DPH: Jo Ruffin, LCSW: To include Outcomes presentation, by Bill McConnell: ACTION (Att.E)

5 min. VIII. PUBLIC COMMENT PERIOD

IX. ADJOURNMENT

SUNSHINE ORDINANCE

(Chapter 67 of the San Francisco Administrative Code)

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UNADOPTED MINUTES

Wednesday, January 10, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Darwin Dias; Peggy Gilleran, J.D. ; Lois A. Jones; Maria Leib; Suzanna Mah Fong, R.N., M.S.N.; Toye Moses, Ph.D., M.P.H.; Joanne Ross; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Anita Burton; Rich Samples.

ADJUNCT BOARD MEMBERS PRESENT: Sally Green.

OTHERS PRESENT: Jo Ruffin (DMS); Sherry Barto (DMS); Roy Crew (Office of Self-Help); Mike Wise (Residential Care Task Force); Ann M. Grant (Community Advisory Board, Dept. Psychiatry, SFGH); Armando Sosa, (Community Advisory Board, Dept. Psychiatry, SFGH); John O'Brien (Consumer); Emeric Kalman (Family Member); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:08 p.m.

II. CONFIRMATION OF APPOINTMENT OF JO RUFFIN AS DEPUTY DIRECTOR

RESOLUTION (MHB-96-01): Be it resolved that the Mental Health Board confirms its endorsement of the selection, by Health Director Sandra Hernández, M.D., of Jo Ruffin as Deputy Director for Mental Health Services. (Passed)

III. CONSENT CALENDAR

RESOLUTION (MHB-96-02): Be it resolved that the minutes of the MHB meeting of November 8, 1995, be approved as submitted. (Passed)

RESOLUTION (MHB-96-03): Be it resolved that the Mental Health Board ratify the decision of the Executive Committee to send a letter 1) to Kevin Shelley regarding the use of surplus city property by rehabilitation programs, and 2) to Arthur Jackson in support of the Health Commissions Resolution "requesting that the Mayor and the Board of Supervisors take into consideration the declining

ability of the Department of Public Health to offset general fund reductions with revenues." (Passed)

IV. AWARDS; GOODBYES

Ms. Block commented as follows: It gives me great pleasure to honor Roy Crew. There are so many things he's done, that there's not time to mention all of them. So much of what he did, I now take for granted, but it was not taken for granted when Roy Crew came along. He really is a go-getter for mental health.

Ms. Block then presented Mr. Crew with the following award:

M. ROY CREW
CONSUMER OF THE YEAR
1995

In December, 1995, the Mental Health Board decided to honor Roy Crew by naming him Consumer of the Year; coincidentally, an award that Roy himself initiated several years ago when he was a member of the MHB.

Though we are proclaiming that Roy is the '95 Consumer of the Year (and presenting the award in 1996), he earned it, along with our respect and gratitude, over a period of years.

Starting in 1989, Roy served one and a half terms on the Board, leaving in 1992 to take the position directing the Office of Self Help, an office that he made possible through advocacy with Reiko True, Flo Stroud and Jeff Jue. (If you look up "determined" in the dictionary, you will see a picture of Roy.)

While still on the Board - which was then known as the Mental Health Advisory Board - some of his contributions included:

- Roy was an active member of the MHAB from his first day. Before he had been with us for six months he was named Chair of the Planning and Policy Committee;
- He was a member of the MHAB Executive Committee;
- He was elected Vice Chair of the MHAB;
- He served as a member of the Board of Directors of the Corporation San Francisco Mental Health Education Funds, Inc.);
- Also as an MHAB member, Roy participated as its representative to the Selection Committee for a new Deputy Director in 1991-92;
- He conducted more program reviews than any other member of the Board, before or since;
- While working to repeal the discriminatory Site Approval Ordinance, Roy took the lead in using it to rate program sites based on whether they were good for consumers, not whether the neighbors approved;
- He then began work that continues today, educating neighbors that they have nothing to fear from mental health clients or programs;
- After serving on the Planning Advisory Group, he was instrumental in setting up the two task forces that advise the MHB today: the Consumer/Family Member Task Force and the Provider Task Force (now known as the Provider Advocacy Group), increasing the number of citizens with a direct voice in how mental health services are provided.

Roy's work since leaving the Board is better known, but much of it began here, and we are proud of him and all he has accomplished. We look forward to more good work and impassioned advocacy. Congratulations, Roy!

Presented by the Mental Health Board of San Francisco on January 10, 1996.

Mr. Crew then made the following remarks: First I'd like to thank the one who's name is too holy to mention. If it weren't for the grace which came from this person when I was looking for a hit of dope to do myself in and got instead a mountain of work enough to keep me snowed under, I wouldn't be here.

This Board is more conservative than the Boards I sat on, and that you can honor one of us says that you still have your hearts in the right place and share the vision.

Mr. Crew thanked the following people: Phyllis Spanglet, Sally Green, Mary Sue Planck, Bill McConnell, Darwin Dias, Joanne Ross, Sherry Barto, and Jo Ruffin. He said that even though Ms. Ruffin had just taken over as Deputy Director, she had already had a meeting with the Office of Self-Help and had already approved another self-help type program.

Ms. Block then announced that Rich Samples, who was to be honored upon the occasion of leaving the Board, was ill and could not make it to the meeting. She said she was very grateful to him for his advocacy for Patients Rights Advocacy Services, which resulted in a funding increase for that agency. She said she also appreciated his personal support of her as Chair of the Board, and said she wished him well for the future. She said that the following award would be presented to him at a later date:

♥ FAREWELL TO RICH ♥
or
IS THERE LIFE AFTER THE MHB?

Rich Samples was one of the first consumers to serve on the Board, and certainly the first to be elected Chair. He's been with us for a long time, and now it's time to say, not goodbye, but farewell. We appreciate Rich for his heart, his wisdom, his knowledge of the issues, and his sense of humor.

We also appreciate him for coming back for one more term, even though his health kept him from participating as much as he would have liked.

Now that he is moving on to another stage of his life, including the school that he never had time for with his MHB responsibilities, we wish him the very best.

We are sure that he will answer the question "Is there life after the MHB?" with a clear and resounding YES! We expect that he will make the most of it, and that we haven't heard the last of him. We hope we will be able to call on him when we have questions, and that he will continue to bring issues to the MHB's attention when he hears of them.

We will never forget how he was one of the first to show the way for other consumers, and for educating the rest of the MHB, especially in the early days, when most of us had never heard of "consumer guidance". He acted as a necessary conscience for the Board, and was responsible for recruiting some of our other early consumer members. Now it is automatically assumed, by DMS and the Health Department that of course there will be consumer representation at all levels of decision-making. For the part he played in making that happen, we will always be grateful.

So now it's time to say "so long". Thanks for all you've done, Rich and good luck go with you. We'll miss you, but the mark you made will never be erased!

Presented by the Mental Health Board of San Francisco on January 10, 1996.

V. COMMITTEE REPORTS

Executive Committee

RESOLUTION (MHB-95-04): Be it resolved that the Mental Health Board send a letter to Jo Ruffin, Deputy Director for Mental Health Services, urging that all DMS programs which are not already doing so, with the possible exception of emergency services, begin providing voter registrations services for their clients. (Passed)

Budget Committee

Ms. Block announced the following: In early January, the Response Team for Mental Health sent out its 2nd Alert (the first Alert for 1996) urging support for the Petris Bill, which would mandate parity for severe mental illnesses in health insurance coverage. She announced that all of the R-Team members were being called to thank them for participating and to evaluate the effectiveness of the R-Team. She said the responses so far had been very enthusiastic and encouraging. She said people are really making their calls and that the commitment level is very high.

Following the first Alert, Bill Hirsh, who is in charge of housing for the Mental Health Association, arranged a meeting with an aide to Senator Feinstein. He found that the Senator's office had gotten a significant number of calls and were very accommodating about arranging a meeting.

Public Relations Committee

Ms. Block reported the following about the Adolescent Health Forum held on November 18, 1995: Forum was the perfect word for this event. It was a forum of people concerned about children's mental health. The discussion groups were excellent. Maria and Rich knocked themselves out for this; it was an enormous monumental task.

Ms. Leib then added: It was worth it. The discussion sessions were outstanding and the speakers were good, too. I was disappointed though at the attendance. But we are beginning to plann for next fall's event.

I've submitted a report to the Executive Committee on the activities of the Public Relations Committee for 1995. We had quite a few accomplishments in an important year. We achieved our goals. There were no additional cuts recommended in the City mental health budget. I am recommending that we continue hosting a reception in the spring and holding a Forum in the fall. After one year in operation I'd give our Committee a high B+.

Children's Committee

Ms. Jones reported as follows: Last year we spent a lot of time looking at children's programs. Having watched what's going on in Washington, D.C., I'm going to get real vocal in 1996. They've said that kids with certain disabilities will get no money. I'm concerned about the R-Facility not opening. Melba Chavez had her department of the federal government cut from $5 billion to $2 billion. She gives out the grants for mental health programs.

Consumer/Family Member Task Force
No meeting in December.

Provider Action Group
No meeting in December.

Community Advisory Board, Dept. of Psychiatry, SFGH
Ann Grant, the new staff person for the CAB as of October, introduced herself. She said at their meeting the night before they had had a presentation by Dr. Okin on the changes being made in the Department of Psychiatry. She said they also discussed recruiting and outreach plans for 1996, and said that the CAB is finalizing its recommendations for the complaint policy.

Nominating Committee
Dr. Moses reported as follows: It's my pleasure to present the best slate you can find in San Francisco. As you can see from Attachment D, we met on the phone. The slate nominated is:

Norma Block for Chair
Maria Leib for Vice Chair
Peggy Gilleran for Secretary

You all know Norma. She's being doing a wonderful job! And you know Maria and Peggy who are both great!

Ms. Block announced that Pamela Balls Organista who had also been a member of that committee, had had her baby—a girl named Zena.

Program Committee
Ms. Planck introduced the Program Review training as follows: There are two reasons for the MHB to do program reviews; 1) So we can hear about the programs and know what's going on. 2) The official reason is to see whether programs are doing a good job. DMS reviews the programs in terms of services units, budget, policies, etc. But we review how clients feel abut the program. The heart of it is the client satisfaction survey. You should not sign up to review a program if you have ever had any personal involvement with the program. We can't offer to solve any problems the clients might bring up, but please note down everything. You are not conducting an investigation, not trying to dig up dirt. This is supposed to be a friendly process. We start by assuming that everyone wants to see better services.

Ms. Mah then led most everyone in a song about program reviews which she and her husband had set to the tune of *Amazing Grace*.

Ms. Mah then made a presentation covering the points in the handout "General Assessment Quick Checklist" which was part of the Program Review Training Packet:

1. Impressions of the facility.
2. How does staff treat the clients?
3. Steps of intervention in dealing with problematic clients or angry clients.
4. Assess rules and regulations.
5. Assessing client personal hygiene.
6. Medication management.
7. Staff knowledge of psychiatric illness and symptoms.
8. What kinds of different groups are provided?
9. Appropriate placement or discharge plan for client.

Ms. Gilleran then presented the following: When we do reviews we are putting ourselves a delicate position as we interject ourselves between staff and clients. We want to cooperate with staff, but we want the clients to trust us and talk to us. Some of you are professionals. Some of us are clients or family members and bring a special perspective.

The first thing is to establish trust. We need to bring to the interview the same things we would want to bring to anyone with whom you want to establish trust. Look at them directly. Smile at them. Treat them with respect. Listen attentively. Meet with them in a private room. No staff should be present. What they say is confidential. Nothing will be reported by name. Meeting with us is voluntary. Also tell them that you are a community volunteer, not an employee of DMS. Tell them the purpose of what you are doing.

In some interviews the client has one issue which is the crucial issue for them and they will want to return to this even when you are moving on. Listen to them, and reflect back to them and write it down so they know they've been heard. Then use what they've said to segue back into the other questions.

The questions are to be taken seriously, but it's important not to be strapped to them. Look at what the question strives to learn and attempt to learn that. The questionnaire is in large print, so it's easily readable by clients. If the clients would feel more comfortable or safe, they can fill it out themselves and give it back or mail it in. If the client speaks another language, we'll make every effort to have them interviewed by someone who speaks that language. It's important to avoid the temptation to have a staff member come in to translate.

In one interview, I heard from the client about a problem between him and a staff member, and the client wanted me to take care of it. I had to let him know that I didn't have the authority to do this. But I let him know about the grievance procedure. Some issues seem to need attention right away. But the MHB urges that you not take action on your own, but that you go through channels. If a clients says that they are going to hurt themselves or someone else, tell the staff.

With regard to the safety issue, it's never happened before last year, but there is always a chance the client may begin to feel aggressive toward you. This happened to me during the last round of reviews. The client and I worked it out. The client de-escalated. If this happens to you, find a gracious way to leave the room and let staff know you're concerned.

Mr. Dias added: Keep the interview low key. People feel comfortable if you're comfortable.

Ms. Planck added: Either before or after the client interviews, though the client interviews are most important, interview the staff. You can learn a lot from doing this.

Ms. Barto noted: The Health Commission is where the information from your report goes. None of our contracts are renewed without a program review report. From all the information you collect, you're going to give the program a rating. It's based on the balance of information you get from staff and clients. The standards for rating were set up by the MHB a couple years ago. What the Health Commission will see is a monitoring report summary. If they want to see a more complete report, then we give them all the findings. Davis Jah, Ph.D., and Associates are doing the reviews for DMS this year.

VI. REPORT FROM DMS/DPH

Ms. Ruffin reported as follows: DMS has a variety of ways to do reviews. We've contracted out the reviews for a second year in a row to get an objective report. We look at patient's rights, grievances, seclusions, incidents, quality policy, etc. We are also developing an outcome process—which is required by realignment legislation.

Dr. McConnell, who is in charge of Quality Management for DMS reported as follows: The State is deciding now on what they're going to require in terms of outcome measurement. We'd like to get your approval on the direction we're taking. There is a State meeting at the end of the month, and I'd like to take with me as much feedback as possible about the options on ways to proceed.

Dr. Clark continued: We are looking at measures of how people are doing over time. We are looking at a pilot study, which will start in May and will continue for a year. The client questionnaires focus on: 1) looking at symptoms, 2) looking at how clients feel about the services they receive, and 3) the client's quality of life.

Part of what we're proposing is a series of questionnaires. We may also use focus groups as well as utilization data and BIS data. The questionnaires will be distributed through the programs and will be translated into Spanish and 6-8 Asian/Pacific Island languages.

Children and youth are also preparing outcome measures. Those instruments are already approved and mandated by the State.

With regard to adult services, we have been struggling over which instruments to use. There are some trade offs.

Ms. Jones interjected: I am very concerned about why we aren't seeing what questions are being asked of kids and parents. I feel like you shouldn't even be sitting here without the children's outcome instruments.

Dr. McConnell replied: There is not enough time to do both. I've asked that the MHB schedule a presentation by Karyn Dresser on the Children's Services next month. We are doing adult first because we still have a chance to influence the questionnaire. The children's services instruments have already been decided by the State.

Ms. Mah commented: I'm really impressed with this, it's really a good measure.

Dr. McConnell continued: Under the pilot, when a new client comes into coordinated care, an assessment is done, then it is repeated every 3-6 months.

Dr. McConnell then reviewed the handout, which included the proposed instruments. He compared the two main instruments, the SM-12 and the Lehman instrument. He said the advantages of the SM-12 was that it produced good information, was much less expensive than the Lehman, and the client filled it out him or herself. He said the Lehman scale had the advantage of providing much more information, but that bias might enter into the interpretation of answers since the clinician filled it out while interviewing the client. He noted that there was no special money for outcome measures, that any money expended on them would have to come from the basic mental health services budget.

Dr. Moses asked if cultural competency could be addressed in the instruments. Dr. McConnell replied that they were working on this with Dr. Lonnie Snowden of U.C. Berkeley who is one of the top mental health researchers in the country.

A straw vote was taken. There was one vote for the SF-12, one abstention, and the rest of the votes were for the Lehman instrument.

Ms. Ruffin then reported as follows: Thank you very much for ratifying me for this job. It means a lot to me. I've started meeting with Norma and Mary Sue. I'm also available for Committee meetings. If you are ever not sure about what I'm doing, please feel free to ask. I'm here for the long haul.

The R-Facility is not open yet. There has been a shortfall of $11 million at Laguna Honda, and an overall shortfall for this fiscal year of $14 million for DPH. There was concern that DPH might not be able to open a new program when it was facing such a deficit. However, the Health Commission has said that the R-Facility should be dealt with as a separate issue. Still the issues with the unions have escalated given the layoffs from Laguna Honda. It has been agreed to hold continuing discussions with the unions about the possibility of opening the R-Facility as a city-operated facility. We are making the requirement however than any staff coming into the R-Facility would have to have some experience working in mental health. The opening of the R-Facility is delayed at this point until July 1.

We are working on the second phase of managed care, the outpatient phase. We have a pilot contract with a group of physicians to do some case management. We will see if this is an effective way to deal with these clients.

We will be putting out a job announcement to fill the System of Care position I vacated when I became Deputy Director.

Dr. Moses said: I commend you for the wonderful job you've been doing since you took over your new position. I hope you will do your best to bring in diversity. I want to recommend that you put concentrated efforts into bringing in greater diversity. Ms. Ruffin responded: I agree with you. I will do my best to bring in diversity.

She continued: Nancy Presson will no longer be director of Children's Services, but will be responsible for managed care and brokering functions. Sai-Ling Chan-Sew will be replacing Nancy as the head of Children's Services. Reiko True will be the coordinator for 24-hour services. Linda Wang will be the coordinator for community services. Luz Mary Harris will be working on access and emergency functions.

VII. PUBLIC COMMENT PERIOD

Mr. O'Brien commented as follows: We have had 8 years to open the R-Facility, and I reject what we are hearing from the Director of Public Health. From the time the facility was proposed, there should have been discussions on staffing. I reject her statement. I take it as a sign that she is a poor administrator.

Mr. Kalman thanked the Board for the letter it sent to the Board of Supervisors regarding the use of surplus city property. He said that there was bad news with regard to the treatment plant in Golden Gate Park. He said that plans for demolition were proceeding.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:58 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

Public Health

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MEETING OF THE FULL BOARD

Wednesday, February 14, 1996
1380 Howard Street, Fourth Floor Conference Room
7:00 p.m.

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AGENDA:

I. CALL TO ORDER/INTRODUCTIONS

5 min **II. CONSENT CALENDAR:**
- Approval of January Minutes

10 min **III. ELECTION OF MHB OFFICERS**: See Attachment A

45 min **IV. PRESENTATION: THE ROLE OF THE ARTS IN THERAPY**
- Riley Hunter, Consumer, Artist
- Jane Dressler, Occupational Therapist, SFGH
- Beth Ching, Occupational Therapist, Contra Costa County
- Dana Smith, Westside Lodge and Day Treatment

10 min **IV-a. MHB DISCUSSION OF PRESENTATION**

15 min **V. MHB COMMITTEE REPORTS**
- Executive Committee:
- Budget Committee
- Public Relations: Reception in May
- Consumer/Family Member Task Force
- Provider Advisory Group
- MHB Reps. to SFGH CAB, DMS Committees, Other

30 min **VI. REPORT FROM DMS/DPH**
Jo Ruffin, LCSW: To include Outcomes Presentation on Children's Services by Karyn Dresser

5 min. **VII. PUBLIC COMMENT PERIOD**

VIII. ADJOURNMENT

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The Role of the Arts in Therapy

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Featuring the following panelists:

Riley Hunter
Consumer and Gifted Artist

Jane Dressler
Occupational Therapist
San Francisco General Hospital

Beth Ching
Occupational Therapist
Contra Costa County

Dana Smith
Westside Lodge and Day Treatment

● ●

You are invited to join the Mental Health Board of San Francisco
for this special presentation during its regular meeting
on Wednesday, February 14, 1996
at 7 p.m.
at 1380 Howard Street (corner of 10th Street)

Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Wednesday, February 14, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Anita Burton; Darwin Dias; Peggy Gilleran, J.D. ; Lois A. Jones; Maria Leib; Toye Moses, Ph.D., M.P.H.; Joanne Ross; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Suzanna Mah Fong, R.N., M.S.N.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

PRESENTERS:
Riley Hunter, Consumer and Artist
Beth Ching, OTR, Contra Costa County
Dana Smith, MA, Drama Therapist, Westside Lodge Day Treatment
Sharilyn Marshall, Counselor, Westside Lodge Day Treatment

OTHERS PRESENT: Jo Ruffin (DMS); Ladonnis Elston (DMS); Mike Wise (Residential Care Task Force); Gertrude Warshaw (Community Vocational Enterprises); Mark S. Adamek (Spiritmenders); Alex Rossman (Veterans's Administration Hospital); Antonia Diaz; Kinike Bermudez (Center for Special Problems); Harvey Hall (Consumer Volunteer, Center for Special Problems); Florencia dela Luz (Powerflothnking Consultations); Lesley Gallagher, O.T.R.; Erika Horn (Bayview Clubhouse); Barbara Gratta; Emeric Kalman (Family Member); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:06 p.m.

II. CONSENT CALENDAR

RESOLUTION (MHB-96-05): Be it resolved that the minutes of the MHB meeting of January 10, 1996, be approved as submitted. (Passed)

III. ELECTION OF OFFICERS

The nominations from the Nominating Committee were presented. Ms. Spanglet said that it was her understanding that people on the Nominating Committee were people who were specifically not interested in running for office. Ms. Planck responded by explaining that under Roberts Rules of Order, people on the nominating committee must be allowed to be nominated.

The following officers were unanimously elected to serve for a one-year term:

Chair—Norma Block
Vice Chair—Maria Leib
Secretary—Peggy Gilleran

IV. PRESENTATION: THE ROLE OF THE ARTS IN THERAPY

Ms. Block introduced the presentation as follows: Tonight we're going to talk about something positive about the mentally ill. We talk so much about problems. So often the mentally ill are very creative people. Before me is a sculpture by Mike Wise. Mike says that doing this work helped him with his self-esteem. Those of you don't practice an art are missing something. Creativity is a right brain activity which you can see from the exhibit tonight leads you on all kinds of adventures.

(Note: Some of the following presentation and discussion depended on viewing works of art exhibited by consumers of mental health services who were on the panel or present at the meeting. We are sorry that we cannot capture the beauty and the power of this artwork here. Therefore a crucial part of the experience of the evening is unfortunately missing in these minutes.)

Ms. Block introduced Mr. Hunter as follows: He is a self-taught artist who is currently attending City College, pursuing a degree in teaching art at the high school level. About art he says: "Art helped me through the hard times. It helped me express what couldn't be expressed verbally."

Mr. Hunter exhibited a sampling of his work. A few highlights follow:
He began by saying, "This first portrait is a van Gogh of myself." And indeed it was a beautifully done portrait in van Gogh's style, but with Mr. Hunter's own face in place of van Gogh's. He then showed a picture of the death of Christ, followed by an abstract, which he pointed out was non-expressionism, "so you can't tell what it is." He showed a portrait of Tracy Chapman. This was followed by two intriguing portraits: "These are portraits of my girlfriend. But they are abstracts; they look nothing like her. They are paintings of what I see inside her. The first one is called 'Dee in Pain', and the second one, 'Dee in Thought.' Lots of times I draw things inside people that they can't see."

Mr. Hunter concluded by announcing that he is exhibiting his work on February 24th at the Ella Hill Hutch Community Center.

Ms. Block then introduced Ms. Ching as follows: She is a graduate of San Jose State University and has been an Occupational Therapist for 10 years. Besides being an Occupational Therapist, she is currently an artist and is seeking to do more art-related work.

Ms. Ching made a presentation as follows: I just want to appreciate everyone for coming out for this meeting on Valentine's Day. I believe art inherently makes us happy. I am an Occupational Therapist. The name OT is very misleading. People think, "Oh, you're going to find me a job." But in mental health, it means something different. I think of the word occupation, and the question, "What occupies your time?" Occupational therapists do whatever we can to assist you in using your time well. I think everyone is creative, but often we don't get encouragement.

She then distributed a handout entitled, "Why we do Crafts in Occupational Therapy." which listed the following points:

1. To improve concentration.
2. To organize thoughts.
3. To help solve problems.
4. To help make decisions.
5. To improve work skills.
6. To improve self confidence.
7. To become more independent.
8. To help improve interaction/socialization skills.
9. To increase sense of control.
10. To keep alert and involved.

The field of occupational therapy got its start after World War I when soldiers came back from the war suffering from post traumatic stress. I'm all in favor of functional activities and pre-vocational activities preparing people to work, but when people have mental illness, it's more complicated. Some people have auditory hallucinations. With psychiatric medications, they may have blurry vision. How can someone talk about job skills if they are having a hard time? OT's put the left and right parts of the brain together. A lot of times for our classes we have to make things fun and neat and then people learn some new skills in the process.

An OT class can help you have a sense of control. Working with clay, you can mold it, you can smack it, you can control it. Vulnerability and stressors can lead to a lot of difficulties, but vulnerability and stress can also lead to creativity. One author has said, "Problem finding is at least as important to creativity as problem solving." The first step is to discover what the problem is, before you can solve it. I like origami, because it's very structured. I like using only a few materials, so I can focus on the people, not on fetching materials.

A lot of times clients working on a project say to me, "This isn't right." I think sometimes we have standards of what's right. A lot of what art is about is making the mistakes look like what you intended it to be. I say, "Whatever you are doing is perfect, because you're doing it. And when you make something for someone and you put your heart into it, that makes it perfect."

OT is a real hard sell to hospital administrators. They keep wanting us to do vocational work. But there needs to be a balance because you need to feed your spirit as well as your mind.

She then concluded by reading a poem she had written.

Ms. Block introduced Dana Smith as follows: She is currently pursuing a Masters in Psychology at the California Institute of Integral Studies with a focus on drama therapy. For the past 3.5 years she has been a counselor at Westside Lodge.

Ms. Smith has said of art: "Art has served as my transitional object and the organizer of new information and growth—the rescuer of my soul."

Ms. Smith began her presentation with an overview of Westside Lodge, which she noted is comprised of 1) intensive transition residence, and 2) intensive day treatment program, serving 80 people. She added that it is the only intensive day treatment program in San Francisco, and it offers a high level of structure, with a wide variety of groups, including groups on the creative and expressive arts. She continued as follows:

We have drama, dance, movement, painting, drawing, visualizations, meditation, and music. We are developing a newsletter. We take trips to museums, view videos about different cultures, including their music and their art. We held a multicultural celebration at the holiday season and 300 people attended.

We use art, not just as an adjunct to verbal therapy. It offers numerous opportunities for success and self expression in and of itself. It truly offers something positive for people. It helps increase social interactions. It helps release emotions. It helps change nonconstructive patterns. it helps bolster self-esteem. We focus on health and provide numerous opportunities for success and for the rehearsal of success.

Art addresses a whole range of issues. Through drama, dance, and movement, people who are depressed can be involved with others in a non-threatening way. People learning to control the expression of their feelings get a chance to learn expression and how to direct feelings.

In one case, someone who was very withdrawn cast members of the drama group as his depression, hopelessness, anxiety, etc. He gave each person a line to say to represent the feeling. He then created a symphony of all those feelings and he was the conductor. it was overwhelming. It was the embodiment of hopelessness and anxiety, but at some point, he saw that he was the conductor of his feelings. This experience didn't cure his depression by itself, but it did aid in his healing.

Ms. Marshall then introduced herself. She is a counselor at Westside Lodge and runs the creative arts program there. She made a presentation as follows: I didn't have a background in drama, the arts, or occupational therapy when I started working at Westside Lodge. I have a degree in clinical psychology. As I began working in the field I came to realize that there was a big piece missing—there was a power and an essence of the individual which talk therapy did not address. Like Riley said in his statement, it's true that there are things you can say through art that you can't say verbally.

The Chinese character for crisis contains both the symbol for danger and the symbol for opportunity. Art in my experience at WLS has provided people who come from severe backgrounds of trauma a chance to express it and release it and come through it.

A statement from an individual in one of our creative arts groups speaks to the profundity of how people can be effected and transformed through art.

> "I recently completed a mask-making project in the creative arts group at Westside Lodge. This turned into an incredible self-discovery process for me in several ways.
>
> "The first assignment was to do a drawing that symbolized what we eventually wanyed our mask to look like. Imagine my surprise when my self-portrait developed on the page. The whole process then became the discovery that for all these years I have already been wearing a mask, one that covers up all the fears, insecurities, and self-hatred I have carried in myself. My task then became the process of finding my true face rather than developing another mask.
>
> "This has truly been one of the most therapeutic processes of my life—a true metamorphosis." —Jeanne

Jeanne speaks to the metamorphosis within and this is the power of art. As a therapist it's very profound to see that process unfold. It's wonderful to be able to individualize projects and create a very cohesive and continuous process. It's very challenging, but the benefits make it worth it—and it's very playful!

A general discussion followed the presentation. Ms. Bermudez commented as follows: I am a graduate of Westside Day Treatment. I spent 3 months at Westside and that was the beginning of my journey back. I wrote for the newsletter there. I am ever so grateful.

I am now a Consumer Specialist at the Center for Special Problems. We had an art show in January. Some of the works which were exhibited there are being shown again here tonight.

She discussed some of these works in more detail. She then introduced Mr. Hall who discussed his remarkable 6′ tall macramé, done in striking colors. He said each little square took 45 minutes to complete and that it had taken him 2 years to produce the work as shown this evening, but that it was still not completed.

Ms. Warshaw then commented: I got involved in art because I was a victim of depression. My parents had died, I lost my job, and I started getting anxiety attacks. The doctor fed me all these pills which made me worse. I ended up in a day center. The counselor said, "I see you like art." I did study fashion art.

I didn't have any concentration. I couldn't organize my thoughts. I couldn't do art at first, but after 3 months it came to me in a snap. This is the picture that started me off. (She pointed to a portrait which was part of the exhibit.) I like to do theater, because it makes me happy and I get lost in it. Art is very important in your life. It helps you deal with your stresses and worries.

Ms. Leib commented: I want to commend all of you whether you are doing art or helping other people do it. My own daughter, who is a dancer, came back to dance after being in Baker and Progress and it helped her very much. It's not just mentally-ill people who need art. Everyone does. It's an essential for everyone's soul.

Ms. Gilleran ask the following: How does the work you are doing as occupational therapists coordinate with the work the therapists are doing? When art brings up feelings and issues, who follows up on that?

Ms. Ching replied as follows: I generally do structured art, so generally we don't have these issues come up. But if that happened, I would ask if I could share it with the talk therapist. Of course if someone was suicidal or homicidal, I would tell them I'd have to tell the therapist without their permission.

Ms. Smith replied as follows: The primary counselors are all on our own staff; they are all part of the same community. But most of what happens in a group stays in a group. At the end of the drama therapy group, we do verbal processing. We also have ways of helping to set boundaries. Applause for instance can mean success, and it's also a way to signal an end to the fantasy of the drama. We concentrate on de-roling people. People in the groups do know that information is shared with other staff, and they know we do that sharing in a positive way.

Ms. Burton commented as follows: I want to commend you. My son has been at Westside Lodge two times. I'm very glad to hear about the cultural exposure and the work you're doing with that. It's really great.

Ms. Planck commented as follows: This program was a little difficult to put together. I called through the list of day treatment centers, but many of them responded that there was a pressure to switch over to vocational programs. What is the status of arts programs?

Ms. Marshall replied as follows: There is a strong push within coordinated care and managed care to take away these programs, because the results can't be concretely measured. This forces us to be creative in terms of goals and outcomes. But they will remain under threat, and we'd appreciate any support your can give for these programs.

Dr. Moses asked the following: Do you provide classes in copyright law to protect people from being exploited? Ms. Smith replied: A couple of years ago, we set up a gallery for everyone's work. There was a dilemma around presenting it to the public at large. We decided to only open it to families because of confidentiality. But people do have a desire to display publicly. Dr. Moses then recommended an organization called California Lawyers for the Arts to help consumers learn how to protect their work.

Ms. Ross commented: I want to commend all of you. Art has played a large part in my therapy and in my life beyond therapy.

Ms. Ching commented: I'm scared that managed care will mean the loss of programs. We are under the gun to make everything functional. We had a Christmas party and had to write it up as a socialization group. We're under a lot of scrutiny. it's really difficult now.

Ms. Spanglet commented: My daughter was diagnosed schizoaffectve. She wrote poetry and wanted to publish it, so she copyrighted the poems and published them herself and took copies to bookstores and they accepted them and sold some for her.

Ms. Jones commented: I've had the pleasure of meeting someone in a private managed care business who said they have their own language for the intangibles. They have a way of turning intangibles into bottom line language. I will be meeting with him again.

A member of the audience commented: They want concrete goals, but psychology is the science of the soul and the soul thrives on metaphor and music and art. Mental health has become such an oxymoron. They should change the name of psychology and call it something else. The idea is to bring out the soul or spirit that is already there. Without the soul you might as well be dead because you will feel dead.

Ms. Marshall added: Metaphor is used on so many levels, science, business, computers —all use metaphor.

Ms. Horn commented: I am a therapist at the Bayview Clubhouse. I have been a poet longer than I have been a therapist. I've done 15 years of poetry therapy at Thunderseed, Family Service Agency, and now Bayview. I have found that the talent is incredible at all levels from people with developmental disabilities to published poets. Poetry creates a feeling of community.

I want to ask, how do consumers feel when they've written a wonderful poem, but you are putting only their first name and last initial on it. It's like displaying your beauty but having to hide your identity. I think the issue of confidentiality is being encouraged more by staff than by consumers.

Ms. Bermudez responded: At first I didn't want to show my poetry. Tonight is one of the first times I've used my full name. The pain has dissipated enough that I am able to step back from it. When people identified with my work, I started thinking about how many others would identify with it, too.

Ms. Ruffin commented as follows: I want to thank the speakers and those of you who have shown your work. I am proud to say that most of the work and presentations tonight are from staff and consumers of the DMS system. As long as I am the Director of Mental Health, we will have soul.

The Board then discussed the presentation and passed the following resolutions:

> **RESOLUTION (MHB-96-06): Be it resolved that the Mental Health Board send a letter to Sandra Hernández, Director of Public Health, emphasizing the importance of programs such as art therapy, and urging that they should be supported and multiplied where they exist, and created where they are currently none. (Passed)**
>
> **RESOLUTION (MHB-96-07): Be it resolved that the Mental Health Board send a letter to Jo Ruffin, Director of Mental Health Services, recommending that a Consumer Art Gallery be set up at 1380 Howard Street, and that the Gallery be permanent with artists being displayed on a rotating basis. (Passed)**

V. COMMITTEE REPORTS

Very brief Committee updates were presented.

Ms. Gilleran, MHB liaison to the Steering Committee of the Mobile Crisis Unit, gave a detailed update on the development of the MCU, as follows: The MCU is in full operation, but is still in learning mode, accruing information as it goes along. This past month they received twice as many calls as the month before. So far in February there have been 39 visits with 18 people being taken to PES.

The MCU in San Francisco is the first in the Bay Area which has proposed to offer medication in the field. The decision has been made at this point that emergency medication would not be offered in the field, but if someone already has a prescription, that medication could be dispensed in the field.

The MCU is meant to operate independent of the police. But it can call for back up from the police or the paramedics. The staff are all mental health workers, and it's a multidisciplinary staff.

Ms. Ruffin added the following: The police have discontinued their Police Liaison Unit, except for a couple staff. The MCU was created to fill that gap. The biggest evaluators of 5150's has been the police. The MCU is to replace that. The MCU is considered part of Emergency Medical Services. We do have other crisis services supporting the MCU. We're working on getting a mobile link with the DMS computer system that the MCU can use from their car.

VI. REPORT FROM DMS/DPH

Ms. Ruffin reviewed the history of the negotiations regarding opening the Mental Health Rehabilitation Facility, and continued as follows: In the first analysis, it looked like it would cost $2 million more annually to have civil service staffing as opposed to contracting the R- Facility out to Telecare. However a second review of positions created 4 new classes of civil service positions to see whether we can bring the costs down, and run the Facility as a county operation, but at comparable costs. If the unions agree to this proposal, then the Facility will probably be County-run.

A new position of Rehabilitation Specialist would take the place of the position of Nursing Assistant. The main cost differential is here. We've also created a proposal for a new Dual Diagnosis Specialist, who would be a licensed person, but with training in both substance abuse and mental health.

The conditions for civil service staffing are: 1) it would have to be cost comparable, and 2) the Facility could not be a dumping ground for non-mental health staff.

The effort to resolve this issue has been led by Sandra Hernández. If civil service is chosen, it will be run through San Francisco General Hospital, because DMS doesn't have the ability to hire 200 city staff.

There are currently no budget cuts we are facing. The two cuts at the federal level will be in the SAMHSA program, and the PATH Grant funding. If federal funding does not come through for these programs, we don't intend to let them go and we will pursue other funding. With regard to Managed Care, we are in the middle of managed care and are a managed care company, so to speak. We have received a new grant for children's services to put mental health specialists in early childhood development centers.

VII. PUBLIC COMMENT PERIOD

Mr. Adamek asked an informational question about SB 381. Mr. Kalman raised his ongoing concern about the Dept. of Recreation and Parks providing programs for people with mental illnesses.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:20 p.m.

= Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD

Wednesday, March 13, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AGENDA

10 min I. CALL TO ORDER, INTRODUCTIONS

20 min II. CONSENT CALENDAR

- Approval of February Minutes
- Granting of Any Leaves of Absence Requested by Individual Members
- Site Approvals: See Attachment A

10 min III. RICH SAMPLES FAREWELL REMARKS: Rich has requested a few minutes to say good-bye as he leaves the MHB. (His term expired on January 31.)

35 min IV. MHB COMMITTEE REPORTS

- Executive Committee: To include report and discussion of ideas for new member development.
- Budget Committee
- Public Relations
- Children's
- Program and Services (Formerly Program Review) Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to other groups:
    - Mobile Crisis Unit Steering Committee
    - Quality Policy Committee (Formerly QIC)
    - SFGH Community Advisory Board

35 min V. REPORT OF DEPUTY DIRECTOR

10 min VI. PUBLIC COMMENT

VII. ADJOURNMENT

SUNSHINE ORDINANCE

(Chapter 67 of the San Francisco Administrative Code)

Government's duty is to serve the public, reaching its decisions in full view of the public.

Commissions, boards, councils and other agencies of the City and County exits to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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MHB ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Downtown Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

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SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

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MEETING OF THE FULL BOARD

Wednesday, March 13, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AMENDED AGENDA

10 min **I. CALL TO ORDER, INTRODUCTIONS**

10 min **II. CONSENT CALENDAR** (to be handled in a single vote)
- Approval of February Minutes
- Granting of Leaves of Absence Requested by Members
- Site Approvals: See Attachment A

20 min **III. SOUTH OF MARKET M.H. SERVICES: PROBLEMS AROUND PROPOSED MOVE:** Discussion, Possible Action

5 min **IV. RICH SAMPLES FAREWELL REMARKS**: Rich has requested a few minutes to say good-bye as he leaves the MHB.

35 min **V. MHB COMMITTEE REPORTS**
- Executive Committee: To include New Member Development
- Budget Committee
- Public Relations, Children's (Joint Report)
- Program and Services (Formerly Program Review) Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to other groups:
    - Mobile Crisis Unit Steering Committee
    - Quality Policy Committee (Formerly QIC)
    - SFGH Community Advisory Board

35 min **VI. REPORT OF DEPUTY DIRECTOR**

5 min **VII. PUBLIC COMMENT**

VIII. ADJOURNMENT

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SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Wednesday, March 13, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Anita Burton; Darwin Dias; Peggy Gilleran, J.D.; Lois A. Jones; Maria Leib; Toye Moses, Ph.D., M.P.H.; Joanne Ross; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto.

ADJUNCT BOARD MEMBERS PRESENT: None.

OTHERS PRESENT: Jo Ruffin (DMS); Luz-Mary Harris (DMS); Lil Wise; Mike Wise (Residential Care Task Force); Mark S. Adamek (Spiritmenders); Mickey Shipley (SFGH Community Advisory Board; Center for Special Problems); Ann Grant (SFGH Community Advisory Board); John Fenwick (St. Mary's Adult Partial Hospital, McAuley Institute); Joan Porter (Baker Places); Emeric Kalman (Family Member); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:06 p.m.

II. CONSENT CALENDAR

RESOLUTION (MHB-96-08): Be it resolved that the minutes of the MHB meeting of February 14, 1996, be approved as submitted. (Passed)

RESOLUTION (MHB-96-09): Be it resolved that Mental Health Board ratifies the action of the Executive Committee in recommending to the Health Commission that they approve the move of the Chinatown Child Development Center from 615 Grant Street to 720 Stockton Street, and that they approve the move of the South of Market Mental Health Services and ISC from 471 Jessie Street to 760 Harrison Street. (Passed)

III. SOUTH OF MARKET MENTAL HEALTH SERVICES: PROBLEMS AROUND PROPOSED MOVE

Ms. Harris reported on the move of the clinic as follows: Thank you for your support, and thank you especially to the people who attended the very difficult community meeting on the 11th. Two more meetings are coming up on March 18th and 25th. Lots of misinformation has been spread in the community around 760 Harrison Street. The fears people have are way out of proportion to the situation. It's a serious challenge to figure out how to deal with this, and how to help educate the community, because the stigma is brutal.

Ms. Planck commented: This is the worst opposition to the siting of any center that I have ever seen in my years at the Mental Health Board. I felt totally bathed in hatred when I attended that community meeting. The people there had obviously been prepared ahead of time, and had been told that government people will come out and lie to you, and don't believe anything they say.

Jane Kahan did an excellent presentation. Very soft-spoken. She said that mental health clients are no more violent than the general population. People in the audience started asking if the Clinic would be giving out needles. When they were told no, they started saying, "Liars! Liars!" The same thing happened when they were told that no methadone would be dispensed. Ms. Spanglet added: In my worst nightmare I could not imagine anything as awful as that meeting.

Ms. Harris continued: We offered to translate the meeting into Tagalog, but the community declined. Their fears mostly have to do with safety and security. They fear residents will be attacked, and children will be attacked. They feel the Clinic will be a blight in the neighborhood. They fear that clients will be milling around outside the building. We explained that the Clinic does not treat the criminal mentally ill, that they go to another Clinic across town. But that didn't seem to calm their fears.

In terms of timing of the move, the letter of intent was signed in January, and we put up the signs and started the site approval process in February. It's disadvantageous to advertise a mental health clinic moving into a building because it stigmatizes the clients and polarizes the community needlessly.

Ms. Ruffin commented as follows: I want to thank Luz-Mary Harris and others who went to the meeting. It sounds like the worst community meeting we have ever had. I did talk with the TODCO group who felt we bypassed them in the search for a site. This is the second site we have tried to get; the first one fell through because the landlord would not go through the site approval process with us. The current prospective landlord is holding the building open for us at his own expense. There are 7 senior complexes very close together in the area where 1300 seniors live, and it's fairly near a school.

The bottom line is being able to explain to the community that the mentally ill patients coming to the South of Market Clinic are in voluntary treatment and are not a threat to seniors or to children. There are some major politics facing us because of the number of seniors in that area. The other thing the MHB has been pursuing is the legality of the site approval ordinance.

Ms. Ross then gave a report on the recent R-Team Alert concerning the South of Market Clinic and urged Board members to sign up for the R-Team. Ms. Jones commented: I have a concern that the community meeting was handled not in the best way. Filipino people view mental illness differently. You can't go put a mental health clinic there without talking to them. However wrong their fears are, they are real to them. Ms. Ross commented: Perhaps there is a need for an anti-stigma campaign. What can we do about healing what's been ruptured? Ms. Burton asked: Who made up the panel at the community meeting? Was it a mixture of ethnicities.

Ms. Harris responded: A Filipino physician was present but he didn't speak. The two target populations of the South of Market Clinic are Filipino families and the homeless. The therapists at the clinic are very active with the Filipino community, but not with the part of the community that has no one with a mental illness in the family. The Filipino clients we asked to speak didn't want to do it in front of the community. It was too threatening to them. The Filipino staff of South of Market are doing focus groups, but are not comfortable speaking out in the larger setting.

Ms. Ruffin noted: Central City Senior Services services those senior complexes and takes programs in there. Because these complexes are so well known to use we misjudged their support. People who live in those complexes who are using mental health services don't feel safe to speak up, given the opposition.

Ms. Block summarized the suggestions that had come up: 1) more culturally competent panel, 2) Filipino psychiatrist to introduce or moderate the panel, 3) an anti-stigma campaign. Ms. Ross noted that the approach to the neighborhood should be antiinflammatory or else it will just make things worse. Ms. Gilleran noted that the National Alliance for the Mentally Ill had had anti-stigma as its nationwide theme during the past year. Ms. Block said she would like to refer the issue to the Executive Committee, and perhaps a committee would be formed to work on an anti-stigma campaign.

Ms. Planck noted: There is a legal issue involved here. Even ignorant people have no right to say a class of people may not move into their neighborhood. Paul Imperiale, of the Mayor's disability council is to meet with the Mayor next week to see about repealing the site approval ordinance and to stop people from taking away rights.

Mr. Kalman commented: I was at the community meeting. Safety was one issue that concerned everyone. People are genuinely afraid. I don't know who injected that into the community. The speaker from the police department was ambiguous. We need to have a high-ranking police office assure them that they will be safe.

IV. RICH SAMPLES FAREWELL REMARKS

Due to a personal emergency Mr. Samples was not able to attend the meeting.

V. COMMITTEE REPORTS

Ms. Block announced that Suzanna Mah Fong had resigned from the Board. She announced that she had appointed Joanne Ross to serve as the new Chair of the MHB Budget Committee, and to serve as the Captain of the R-Team for the MHB. She announced that she had appointed Peggy Gilleran as Chair of the Program Service Committee.

Public Relations Committee

Ms. Leib announced that the regular meeting time was moved to the 3rd Wednesday evening of the month from 6:30-7:30 with the Children's Committee meeting to follow immediately from 7:30-8:30. She gave an update on the progress on the Arts Reception which is planned for May 10th. She asked for the Board to vote on whether to allow people to sell art work, poems, or cards at the Reception.

> **RESOLUTION (MHB-96-10): Be it resolved that sales of merchandise or art work not be allowed at the MHB Arts Reception on May 10, 1996. (Passed)**

Children's Committee

Ms. Jones reported: We're going to focus on four things this year: 1) Family Mosaic Project. There's no longer any excuse for what's going on over there. Why are some people getting treatment and others are being let lose. 2) Program reviews. We've got to take it seriously. There needs to be a special procedure for reviewing children's programs. 3) Forum. We want to try to deal with the 16-22 year old population in transition. Saturday November 2nd is tentatively set for the Forum. 4) Partnerships. We want to look at partnerships such as the one between DMS and SFUSD.

Program and Services Committee

Ms. Gilleran reported: At the last meeting we had a presentation by Kevin McGirr of the Mobile Crisis Unit. At the next meeting we will be looking at the status of program reviews and looking at programs that can't be reviewed in the typical way, such as PES.

Consumer/Family Member Task Force

Ms. Spanglet reported: Two police officers came to speak about the shooting of David Boss last year. The two officers are on the Psych Liaison Unit. They explained their procedures. They explained that at the shooting of Mr. Boss, they weren't even called in.

Provider Advocacy Group

No report. It was announced that the group does not an MHB liaison.

Mobile Crisis Unit

Ms. Gilleran reported: There was a 27% increase in calls in February as compared with January. Seventy-five percent of the calls came in between 9-5. They are guarding against misuse of the service by providers in the system. They expect that there will be an increase in referrals from family members in the future.

People referred to the MCU are: roughly equal in gender; mostly Caucasian, with African Americans being the next largest group. There has been an increase in calls regarding Latino and Asian people. They are working to develop linkages in the community. There is a 300% increase in the number of clients diverted from PES and Westside. The last meeting was the final meeting the MCU Steering Committee. We talked about the need to expand the transportation service. The MCU will be another service needing an atypical program review.

Quality Policy Committee

Dr. Moses reported: We talked about 7 different main issues, including: updating the outcome policy; recruiting family members for the Committee; and setting up a clinical Quality Improvement Committee.

SFGH Community Advisory Board

Mr. Shipley reported: We're starting a community outreach program. We'll go out to different neighborhoods to let them know what we're doing and to hear their concerns. We'll be publicizing the CAB in local media. We are thinking about expanding our clothing project into the community. We're connection with thrift stores and church networks. With regard to anti-stigma work, why not have a joint committee of all the mental health organizations in the city that want to do an anti-stigma campaign.

VI. REPORT OF THE DEPUTY DIRECTOR

Ms. Ruffin reported as follows: I want to thank Peggy Gilleran for being the MHB representative to the Mobile Crisis Unit Steering Committee. I think it was very helpful. In terms of continuing the link between the MHB and the MCU, I think the Program Services Committee of the MHB could continue to request monthly statistics.

DMS would be very much interested in working with you on special program reviews for children's services and other programs that need a special review process.

The DPH Executive Committee had a meeting with the Mayor on March 11th to lay out the Department's plan for the transition to managed care. DPH is in competition with Blue Cross for providing services to Medi-Cal people. Mental health services are separate, so we don't have to compete with other organizations. We really are doing managed care now, with high-risk, high-user clients. There are 120,000 Medi-Cal people in San Francisco and we will be responsible for the mental health needs of all of them. We are trying to make our system more outcome driven than income driven.

We're now getting ready to take over 7,000 clients in fee-for-service treatment, in addition to the 16,000 clients we're already seeing. We're doing a lot of managed care planning, which is being headed up by Nancy Presson.

With regard to the Rehabilitation Facility: Negotiations are moving ahead despite a setback recently. We're still hoping to open on July 1, 1996. But I'd guess that it will be August 1st before the first adult client is in there.

Dr. Moses asked what the MHB could do to help speed up the process. Ms. Ruffin replied: We should have an answer in the next 2 weeks. We set a deadline of last Friday for the unions to sign off on an agreement we could take to the Mayor. The basic decision will be in the Mayor's Office. After that, it will be the mechanics of staffing up and getting clients in. We have a plan for phasing them in over 3-4 months. I will keep the MHB informed. If we get indications we're not moving forward, I will let you know.

The basic budget for DMS has been transmitted to the Mayor's Office. We have included a request for funding to improve our MIS system. We've requested additional housing funds. We've also requested alternatives to hospitalization like crisis residential centers. We are setting up a single point of responsibility system modeled after the Family Mosaic Project. We'll assign clients and buy services.

Ms. Jones interjected: Why are you doing that when it's not working at Family Mosaic. Ms. Ruffin replied: That's debatable. Ms. Jones said: No it's not debatable.

Ms. Ross asked: Under single point of responsibility, an agency will receive a pool of money and will provide services for a group of clients. Is that correct? Ms. Ruffin replied: Yes, this is the beginning of shared risk.

Ms. Ruffin continued: I met yesterday with the Committee for Consumer Guidance of the System, which is a consortium of several consumer groups, which is asking for an Office of Consumer Affairs. I also walked with Jobs Now about consumers working in the system. I don't expect everyone to agree or one group to speak for everyone, but if there can kind of be an umbrella organization so no one will be left out of the discussions that will be helpful. I'd like to clarify the relationship of such an overarching group with the Consumer/Family Member Task Force and the CAB Consumer Guidance Committee. I've asked Tina Yee to help me pull this information together so we can do sensible planning. We'll do an inventory of consumer groups. At some point they will want to present their plan to the MHB.

VII. PUBLIC COMMENT PERIOD

Mr. Fenwick introduced himself and reported on the recent move of the St. Mary's Adult Partial Hospitalization Program to a much better space in the hospital. Ms. Porter introduced herself and said she hoped to be coming regularly to MHB meetings representing Baker Places. Mr. Kalman proposed getting the funding that was used for the discontinued Matrix program for mental health services. Ms. Ruffin replied that that money was already reassigned.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 8:59 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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San Francisco, CA 94103
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MEETING OF THE FULL BOARD

Wednesday, April 10, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AGENDA

10 min I. **CALL TO ORDER, INTRODUCTIONS**

5 min II. **CONSENT CALENDAR** •Approval of March Minutes

40 min III. **SPECIAL PRESENTATION: THE CRIMINAL JUSTICE SYSTEM AND MENTAL HEALTH CONSUMERS:** Panel Discussion on what happens when a consumer gets involved with the law.
- Sgts. Lynn Torres & Ray Mullane, Psych. Liaison Unit of SFPD
- Jo Robinson, Director of Jail Psychiatric Srvices
- Jana Morgan, MSW - SFGH, Ward 7-L
- Consumer TBA

10 min IIIa. **DISCUSSION OF PRESENTATION; POSSIBLE BOARD ACTION**

25 min IV. **MHB COMMITTEE REPORTS**
- Executive Committee: ACTION ITEMS: Repeal of Site Approval Ordinance (Att. A; and DMS Affirmative Action (Att. B)
- Budget Committee
- Public Relations, Children's (Joint Report)
- Program and Services
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to other groups: (Quality Policy Committee, Managed Care, Mobile Crisis Unit Steering Committee, SFGH Community Advisory Board)

25 min V. **REPORT FROM DMS, DPH:** Jo Ruffin
- Division's Affirmative Action Report
- Outcome Measures, Children's Services

5 min VI. **PUBLIC COMMENT**

VII. **ADJOURNMENT**

SUNSHINE ORDINANCE

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Commissions, boards, councils and other agencies of the City and County exits to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Downtown Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

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THE CRIMINAL JUSTICE SYSTEM
AND
MENTAL HEALTH CONSUMERS

Jo Robinson
Director
Jail Psychiatric Services

Sgt. Lynn Torres
Psychiatric Liason Unit
San Francisco Police Department

Sgt. Ray Mullane
Psychiatric Liason Unit
San Francisco Police Department

Jana Morgan, M.S.W.
Social Worker
Ward 7L, SF General Hospital

To Be Announced
Consumer of Mental Health Services
and former inmate

You are invited to join the
Mental Health Board of San Francisco
for this special presentation
during its regular meeting
on Wednesday, April 10, 1996, at 7 p.m.
at 1380 Howard Street (corner of 10th St.)

♿

DPH

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Wednesday, April 10, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Anita Burton; Darwin Dias; Peggy Gilleran, J.D.; Lois A. Jones; Maria Leib; Joanne Ross; Alex Rossman, M.S.W.; Phyllis Spanglet; Lora Traveler.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Toye Moses, Ph.D., M.P.H..

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

PRESENTERS:
Sergeant Lynn Torres, Psychiatric Liaison Unit, San Francisco Police Department
Sergeant Ray Mullane, Psychiatric Liaison Unit, San Francisco Police Department
Jana Morgan, M.S.W., Social Worker, Unit 7-L, SFGH
Jo Robinson, M.F.C.C., Director, Jail Psychiatric Services
Kendall Williams, Consumer

OTHERS PRESENT: Jo Ruffin (DMS); Sai-Ling San-Chew (DMS); Karyn Dresser (DMS); Mark S. Adamek (Spiritmenders); Mickey Shipley (SFGH Community Advisory Board; Depressive/Manic Depressive Association; Consumer/Family Member Task Force); Shawn Thomas (Peer Support, Center for Special Problems); Kinike Bermudez (Peer Support, Center for Special Problems); September Jawett (COR Services); Marykate Connor (Coalition on Homelessness; COR Services); Bonnie Schwartz (Family Member); Karen Cotton (Jail Psychiatric Services); Rachel Pearlman (Consumer); Armando Sosa (SFGH Community Advisory Board); Joan Porter (Baker Places); Emeric Kalman (Family Member); Ronald Kalman (Consumer); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:04 p.m.

Ms. Block introduced Lora Traveler, who has been appointed to the Board in a Family Member seat by Supervisor Kevin Shelley, President of the Board of Supervisors.

Ms. Block also introduced Alex Rossman. She is being appointed to a Mental Health Professional seat by Supervisor Tom Ammiano.

II. CONSENT CALENDAR

RESOLUTION (MHB-96-11): Be it resolved that the minutes of the MHB meeting of March 13, 1996, be approved as submitted. (Passed)
Special note: During last month's meeting, Paul Imperiale was referred to as being with the Mayor's Disability Council, but his correct title is Citywide Disability Coordinator.

III. SPECIAL PRESENTATION: THE CRIMINAL JUSTICE SYSTEM AND MENTAL HEALTH CONSUMERS

Ms. Block introduced the presentation as follows: In the last issue of the *San Francisco Bay Guardian* there was a story which explained that the State Department of Corrections has made a new regulation that says inmates cannot have contact with the media. This shows how government is considering inmates; they are getting tougher and they don't want the public to know. Locally, 85% of inmates in the San Francisco jail are there for nonviolent crimes. Of that number 72% are African American or Latino. The situation in the jails is deplorable. There is peeling plaster, the lines of sight are such that it is easy to commit rape or other assaults.

The jail population has gone down, yet the jails have the most rapidly rising budget in the city. Willie Brown has announced he'd like to house prisoners at the Treasure Island brig. Voters have refused to replace the San Bruno facility, but the conditions there have been declared unconstitutional. Mental health consumers are the most vulnerable population. When you put them in jail it's not a good situation.

Ms. Block then introduced Sgt. Torres: Sergeant Lynn Torres has been with the Police Department for 21 years, and with the PLU for 12 years. She has a Masters' Degree in counseling from San Francisco State. She has a background as a hostage negotiator, for which she was trained at the FBI Academy. She is an instructor at the Police Academy and is very active in training, in areas such as domestic violence, 5150, developmental disabilities and hostage negotiation. She also teaches criminal law and aerobics at City College. Her work has all had a focal point of talking to people and de-escalating potential crises. She was the first woman to receive a medal for responding to a situation using less force than the suspect. (The suspect had a gun; she did not use one.) Sgt. Torres also served (with parents and clients) on the Calif. Commission on Peace Officer Standards, which worked on guidelines to train peace officers in California. Their purpose is to promote safety, provide dignity and alleviate fear.

Sgt. Torres made the following remarks: I want to mention that medal, because I believe that police officers do that a lot—we don't always match force with force. I've seen a lot of changes over the years. You don't have to match force. You can use your mind. You can talk to the person.

When I first started at the Department, there was only one hour of training on mental health at the Police Academy, now there is a 10-hour block of time. We brought a copy of the training manual with us and I think you'll be amazed at some of what we are doing in training. I would like the Board to see how we're trained in San Francisco. I've also brought a copy of the General Order for you to look at.

Ms. Block then introduced Sgt. Mullane: Sergeant Ray Mullane has been with the Police Department for 26 years. For 18 years he has been a hostage negotiator. He has served on mounted patrol, narcotics, burglary & fencing detail. He has had suicide prevention training and training in developmental disabilities. He is currently a Sergeant in Burglary and works part time with the Psychiatric Liaison Unit.

Sgt. Mullane made the following remarks: First I want to say that Lynn has been one of the upfront people in the Department on the issue of the police response to psychiatric problems and on the issue of training at the Academy.

Personally, I am now stepping up to teaching at City College and at the Academy. It's clear to me that things don't have to escalate in a confrontation. We have time. Time to develop a plan and get into a situation where we can work with people.

Ms. Block then introduced Ms. Morgan: Jana Morgan is a psychiatric social worker with extensive inpatient experience as well as having worked in an outreach capacity within the Board and Care system in San Francisco. For the past 1-1/2 years, she has worked as the social worker on Unity 7-L, which is the acute psychiatric unit serving the county jail system.

Ms. Morgan made the following remarks: I'd like to describe how 7L, the mental health unit, serves the jails. We have about a 10-bed capacity and generally run a fairly high census. We are an emergency unit. People come in on a 5150 hold from jail. But we go beyond emergency services and work with Jail Psych to make the stay in the hospital and in jail bearable, with the least crisis possible.

When the person comes onto our unit, they are evaluated by a psychiatrist. There is a multidisciplinary team to work with them. Our first goal is to stabilize them. As a social worker, my role is to gather collateral histories, their history of medications, find out if the person is registered in one of the mental health clusters and has a coordinator. We work to keep the mental health service providers involved with the person so they aren't dropped once they've been jailed. We are increasingly finding that providers are open to keeping continuity with clients even though they are jailed.

One of the epiphanies in this work is when we can get a person released because we've been able to help them with housing and case management and the problems that led to their arrest and can help make sure that situation will not be repeated. We work closely with Citywide Case Management, and with the Kujichagulia program at San Francisco General.

Ms. Block then introduced Ms. Robinson: Jo Robinson, Director of Jail Psychiatric Services, is a licensed Marriage & Family Counselor (MFCC). She has been with Jail Psychiatric Services for 6 years and has seen Jail Psych through many changes and transitions. These include the shift from individual therapy to more groups, the development of four separate areas in the jail with psychiatric programs and the opening of a sheltered living unit for psychiatric clients in the new jail.

Ms. Robinson made remarks as follows: Jail Psych has been in the San Francisco jails since 1973. It's part of the Haight Ashbury Free Clinics and is funded by Substance Abuse Services. Our Mission is as follows: "It is the mission of Jail Psychiatric Services to use both professional and community standards of care to provide compassionate, high quality mental health treatment and services, and to assist mentally-ill inmates in establishing linkages with community-based mental health programs to help them avoid re-offending and future incarcerations."

Most of the people we see are in jail not for crimes done with criminal intent, but for crimes stemming from their psychiatric disabilities. We do a mental health evaluation. The referral source is any source. Every inmate upon arrest receives a quick evaluation by the nursing staff, including a few mental health questions. If there is any indication of mental health problems, the person is referred to us. Within 24 hours of the initial referral we see the client and do a mental status exam, and determine the level of treatment needed. All treatment in the jail is voluntary and is in compliance with Title XV. The mental status report is read by the judge in chambers and is not a public document. It helps guide the judge's decision. Some people can be pretty de-compensated but still not meet the 5150 requirements. We view jail as a crisis situation for everyone.

We provide counseling. We do psychological testing—not for the court, but to make a treatment plan. We do group therapy. For a lot of people we work with this is what works best. We work on stress management with them, and on jail aftercare. We can 5150 anyone who meets the 5150 standards. We provide milieu therapy in the jail.

The Jail has been under a consent decree. It mandates that anyone mentally ill be segregated from the rest of the population, because they are vulnerable. We have a Sheltered Living Unit of 38 beds. I did a quick count of the number of schizophrenic prisoners the other day and it was 75. That's not counting other mental illnesses. The jail has a very high population of severely mentally ill people.

City Jail 1 houses most the mentally ill prisoners. There are 2 areas for men of about 24 beds each, and one area for women of 4 beds, for a total of 52 beds. The jail population is mostly African American. But the mentally-ill population tends to be more representative of the community at large. We have every diagnosis imaginable in jail. We can't refuse anyone. We learn how to treat pretty much everyone. We have one of the most active dual diagnosis programs. Our doctors are not quick to medicate because a large percentage of our clients are substance abusers. We have the luxury of time, to see if the voices they are hearing are caused by crack or by thought disorders, because in jail they are isolated from their sources of drugs.

We have a Sheltered Living Unit of 38 beds. There are 18 observed beds, which usually only have 9 people there. They are 2-person units, and are only half-filled, because the people in them are assaultive or suicidal, but don't meet 5150 criteria. A mental health worker observes these units 24 hours a day. The remaining beds are dormitory beds, 4-6 in a section. The new jail doesn't work well for people with paranoia because they are being watched constantly, but for everyone else it works very well. We can do groups in the new jail, and the groups can be co-ed.

We have a local artist who comes in and does masks with people using their own faces, and some of the writing that people do along with the mask making indicates that the process does for them what months of therapy does.

In the 11 years I've been in jail services only 3 staff have been hit and none seriously. I think this speaks to the issue of mentally-disabled people not being criminals.

Ms. Block then introduced Mr. Williams: Kendall Williams is a graduate of Westside Lodge and Westside Lodge Day Treatment. He's currently living at Odyssey House. He attends Milestones and a 12-step program. He's been out of the criminal justice system for one year and has been clean and sober for 10 months. He is working with Citywide Case Management.

Mr. Williams made the following remarks: I started going to jail when drugs, crack, came to San Francisco. Everybody enjoyed the high, but didn't know the consequences. I started using it all the time. I started drinking, smoking marijuana, and doing drugs. I was doing badly at school. I kept getting high. I was staying in the Fillmore District, but then my mother had 3 disks removed and couldn't work as a nurse anymore. We moved to Valencia Gardens. That was when I really got started with drugs and started getting arrested. I went to jail for the first time, scared and paranoid. I got out, got high on drugs, snatched this lady's purse, and was back in jail the next day. I was put on probation. I started catching a lot of possession cases. I started going back in and out of jail. Finally I met Karen Cotton and she told me there was hope and she was going to get me into a program, and I said I wanted to get into a program. I moved to Grove Street and graduated after 2 months, and it all started again. Finally I went to Milestones for 6 months. I got into a fight with a guy and was kicked out. I went back to Valencia Gardens and started using again. I went to the penitentiary. It was scary. I was shackled down on the bus. You can't speak, you can't talk. If you do they threaten to hit you. You get to the penitentiary and they strip you and you stand in the cage hours at a time. They take your finger prints and picture.

It's really bad in there for us mental health people. It takes you two weeks to get your medications in San Quentin. I was kicking drugs in there. It takes about 2 weeks to see the psychiatrist and he decides whether you should be taking medication or not. Sometimes they turn people down who really need medication. Guards come around and make fun of you and say, "Oh, you're crazy."

I've been to San Quentin seven times. Every time I don't get my medications. It's a bad situation and sad, too.

The part I liked, if I could say liked, was that mental health people got to eat first and they have their own yard. They get to go out with the detoxers and get to lift weights, play basketball, and cards.

When I was a kid I was quiet. I didn't talk much. I got into the mental health system when I was 18 at Langley Porter as a schizophrenic. I started taking medication. I've been in the mental health system from 1987. I've been to a lot of programs.

Allan, my case manager, helps me a lot. He talks to me one to one and solves my problems. He gives me suggestions and tells me things I don't know and sees my problems. Now I am able to come to him with problems and he tells me how to fix them. I live at Odyssey House and have been there for 6 months. It's a nice house, an African American house for 10 people.

Ms. Burton asked if he had other support. Mr. Williams replied: I talk to Karen Cotton, also Michael Yamamoto my counselor for substance abuse. I have a mental health group once a week. I talk to staff for support. I talk to my sponsor.

Ms. Block then asked for questions. She acknowledged Ms. Gilleran for recommending that the Board have a presentation on the criminal justice system and mental health consumers.

Ms. Gilleran asked the following: The jails in our county have come under a lot of criticism. There are many positive things you are doing. But what is it that's not working? What's the greatest need in each of your areas?

Sgt. Torres replied: We have to be able to follow people through the system. I was dealing with a situation today where a man with psychiatric problems had bailed out of jail—I'm not sure that bail is always the best thing, because then they lose touch with the system. He called me today, and was in a private psych hospital. He was calling from a phone booth there. He had a court date scheduled for Friday, and was not sure he could get out of the hospital to come to court. He was frustrated and he was escalating. I went to work on the situation and the process was frustrating for me, and I've been in the system for 21 years.

The case worker at the hospital had told him to ignore the court appearance and let it go to a warrant and then take care of everything at once. This was really bad advice.

I went to the DA's office and got the court date postponed. The problem is this is no one's job. Who picks up on the gaps in the system for mental health people? Who walks them through the system, so they don't end up appearing worse on paper than they really are?

The SFPD does 280 5150's a month. Mental health doesn't handle cases with criminal charges, so Jail Psych gets over burdened. We need someone to case manage these people. I'm not saying people can go around breaking laws, but there are reasons . We have to follow people through the system.

Ms. Robinson replied as follows: Basically there is no mental health treatment in the state correctional system. Locally there is a big need for case management. I see our clients as tri-diagnosed: mental illness, substance abuse, and being in the criminal justice system.

Two years ago Citywide Case Management workers were funded to work with our clients. They have a case load of 20 which is too high. It should be 16. We see it as a minimum of a two-year commitment. A relationship has to develop with the client, and this can only happen with very small case loads. Jo Ruffin has been great. She has a criminal justice background. I feel for the first time we're being listened to on a departmental level.

I do believe there are mentally-ill people who are criminals. But most people we see are mentally-ill people whose illness is causing them to commit crimes. We've had situations where someone has tried to get into the psych units at SFGH and has been turned down, but ended up hanging out there and getting arrested by the institutional police. Then they are brought to the jail where we 5150 them and send them to PES. It's absurd.

Sgt. Torres added the following: There is a lack of communication between all the systems and people end up getting completely lost. Ms. Jones brought up the pilot project funded by the Department of Justice to beef up training for police officers. Sgt. Torres responded: I believe we should educate judges and attorneys. You have to have case managers walking the person through the system. So if police are trained more, that's still not enough.

Ms. Traveler asked the following: I work in the schools and we're always comparing money for schools with money for incarceration—$5,000 per student vs. $39,000 for an inmate. One teacher for 35 kids and one guard for 5 prisoners. How does this work? Where is all that money for incarceration going?

Ms. Robinson replied as follows: That figure of $39,000 is for the state system, and much of the money goes into prison building, which is very expensive. Also the salaries are high. It's not unheard of for state correctional officers to earn $100,000 a year.

Ms. Traveler asked Mr. Williams about his goals. Mr. Williams responded: I want to graduate from Odyssey House and graduate from school. I want to have my son back and be living like a regular citizen.

Mr. Williams then introduced his fiancée who was sitting in the front row in the audience area.

Ms. Bermudez noted that she works at the Center for Special Problems doing peer support and asked about peer counseling in the criminal justice system. Ms. Robinson replied as follows: There is a problem with getting clearances to be in the jail that would have to be worked out. I'd be willing to work with you on a proposal to Sheriff Hennessey. I've applied to do a workshop at a conference that will be held in San Francisco, and I'd like to have you join me in doing the workshop.

Ms. Morgan noted that 7L had had a grant approved to hire a peer counselor for 1 year, but said that the hiring hadn't taken place yet.

IIIa. DISCUSSION OF PRESENTATION; POSSIBLE BOARD ACTION

Ms. Jones started the discussion: I think the proper thing is to have Jo comment and tell us where she needs us. Ms. Gilleran remarked: I hate to recommend another committee, but something needs to coordinate all these different programs. There's a lot at stake here. Ms. Block suggested that such a committee could meet quarterly. Ms. Ruffin offered that DMS could chair or co-chair such a committee.

There was agreement on recommending the following: That DMS set up a committee to meet at least quarterly, including a consumer and family member, to discuss coordination issues with regard to jail services.

IV. COMMITTEE REPORTS

Executive Committee

> **RESOLUTION (MHB-96-12): Be it resolved that the Mental Health Board support Supervisor Bierman's action in moving to repeal the Site Approval Ordinance (Sec. 15.7 of the San Francisco Administrative Code); and, be it further resolved that the Mental Health Board recommend that community education should be a separate project, unconnected to the move of any particular mental health program to a new site; and, be it further resolved that this resolution be communicated in writing to the Board of Supervisors. (Passed)**

> **RESOLUTION (MHB-96-13): Whereas the Mental Health Board finds that there are not enough visible minorities in mental health administration at 1380 Howard Street; therefore, be it resolved that the Mental Health Board communicate that observation to Jo Ruffin, Director for Mental Health Services; and, be it further resolved that the Mental Health Board recommend to Ms. Ruffin that this be kept**

in mind when hiring to fill either of the vacant positions that currently exist there; and, be it further resolved that this resolution be communicated in writing to Ms. Ruffin. (Passed)

Outcome Measures

Ms. Leib reported that she has been working with a small DMS committee which has been reviewing the state outcome statistics. She said the Committee has been reviewing which parts of the report are relevant to San Francisco, and that they are preparing a report for the state which is due June 1st. She said the draft of that report is done and it addresses why San Francisco is different from much of the rest of the state.

Public Relations Committee

Ms. Leib reported on the progress of the Arts Reception scheduled for May 10th. She also noted that she had nominated Norma Block for the Management Center's "Giving Something Back Award." She noted that Toye Moses had also been nominated for this award by the Henry Ohlhoff House.

Children's Committee

Ms. Jones reported: We're going to take up 3 things this year: 1) A serious look at Managed Care; 2) 5150 process; and 3) how to monitor mental health programs in the schools.

Program and Services Committee

Ms. Gilleran reported: We're working on program reviews and recommendations made regarding medication procedures.

Provider Advocacy Group

Ms. Planck reported: The PAG is working to re-establish itself and is recruiting new members. At the last meeting Wayne Clark came to talk about outcome measures.

VI. REPORT OF THE DEPUTY DIRECTOR

Children's Services Outcomes

Ms. Block introduced Sai-Ling Chan-Sew, who is the new Director of Children's Services and Karyn Dresser, Research and Evaluation Coordinator. Ms. Chan-Sew began the presentation by saying: The point of collecting outcome data is to find out if we are achieving what we set out to do. We are getting more input now from consumers.

Ms. Dresser made a presentation as follows: I am a research psychologist working in the Children's Mental Health System. Prior to that I was working with a research organization in San Francisco. I've spent seven years involved with children's services. I'm a person with a mission. I know there are state mandates, but more importantly, we have to look at what we are doing and see if our programs are effective. Part of this emphasis on outcomes has come about by virtue of the system-of-care movement. Nineteen counties are trying to integrate and coordinate services for children and youth.

The data on outcomes monitored are showing good results. We see a decline in psychiatric symptoms, an increase in functioning, a decrease in hospitalization, and an increase in client satisfaction.

In the system-of-care counties, we are seeing a decrease in out-of-home placements, and the savings from that decrease are being put back into services. But San Francisco is way above the state trend for out-of-home placements. Special education out-of-home placements are currently being brought down through a special effort to prevent such placements. We will be collecting original data regarding behavior and functioning of children in the system from age 2 to 18 and on up to age 21 in certain cases.

Ms. Dresser then distributed a packet of information on measuring children's outcomes, which included the instruments which will be used. She noted that these instruments have been standardized and can be used for comparing local data with state and national data. She said that the instruments have been translated into other languages. She said they allow for multiple perspectives to be taken into account, including the child, the parents, and the clinicians.

Ms. Ruffin made a brief report as follows: In the last MHB minutes you got some affirmative action data, the general system is in compliance, but I would be glad to receive the letter which you voted tonight to send me.

With regard to the Rehabilitation Facility, the Mayor's Office did have a meeting with the unions and Dr. Hernández. They did come to some agreement. I'm a little concerned in that I haven't heard if they will give us additional money to fund what has been agreed to. We are still aiming for a July 1st opening.

I got a call from Mary Burns, Director of Parks and Recreation. She is interested in making a presentation to you, or having one of her staff do so, regarding the services Parks and Recreation provides for disabled people.

Since there are several new Board members, if it would help to have my staff provide you with an orientation to the system of services, I'd be glad to do that.

My first job in mental health services was in the jail. In fact, I was practically the forensics system. There were only two social workers at the San Bruno jail then. The presentation tonight brought tears to my eyes in terms of the services that are now available. It's not that there isn't more that needs to be done, But we've come a long way. I am happy to set up a meeting regarding jail services, forensics, and case management.

With regard to the move of the South of Market Clinic, I'm planning to move ahead with the issue at the May 7th Health Commission meeting.

With regard to the Bed Committee, this is a managed care mechanism we've been piloting for the last month or so to get control of the high-end user population. The Bed Committee is in a comprehensive, but quick way to review requests for placements and the level of care availability. The same grievance process is still in place. The Committee is reviewing its work currently and is going to make recommendations about its ongoing role.

Ms. Rossman commented as follows: As a social worker at the Veteran's Administration Hospital, I'm working with that Committee. The Committee has been kicking several people back to us saying that the VA should take care of them, but we have fewer services than the City system does. Everything is up in the air at the VA and programs are being cut. Ms. Ruffin replied: I'll look into this. Feel free to call me or Nancy Presson about this issue. It sounds like it's time for one of our periodic check-in meeting with the VA, since things are changing there. Ms. Rossman agreed that would be a good idea. Ms. Ruffin concluded: The Bed Committee is not able to expand our resources. We're hoping it can reduce recidivism and increase resources in that way.

VI. PUBLIC COMMENT PERIOD

Ms. Connor presented an Emergency Alert regarding the fact that President Clinton signed into law amendments to the Social Security Act which will eliminate disability benefits and Medicaid/MediCal to people who suffer from addiction. She reported: Notices will be sent out to everyone with alcohol or drug abuse as a contributing factor, not a primary factor, and they will have to reapply for SSI on another basis. Very few people know of this. We are asking DSS, DPH, and DMS to help people go through this process. We'll be holding SSI clinics.

Ms. Jawett added: All cases will be examined with the goal of reducing the SSI case load by 14%, which means terminating benefits for 196,000 individuals. Ms. Jones asked about babies born with alcohol or drug abuse. Ms. Connor replied that the legislation does not cover that kind of situation. Mr. Leoni added: The criteria for remaining on SSI are different than the criteria for getting on SSI. Perhaps someone is doing better and has a part-time job. They will not be able to get back on SSI. The City will have to pick up GA and substance abuse services for people losing their SSI. Ms. Jawett added: People could lose MediCal and their healthcare benefits.

Emeric Kalman commented: We should invite someone form the DA's office to tell us what steps they take to present cases to the judge. I was in court for 7 to 8 days with my son. In many, many cases the DA didn't know the person had a psychiatric history.

Mr. Shipley requested an update on the Bed Committee for both the Consumer/Family Member Task Force and for the Community Advisory Board.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:28 p.m.

DPH

SAN FRANCISCO MENTAL HEALTH BOARD

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5/8/96

MEETING OF THE FULL BOARD

Wednesday, May 8, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AGENDA

I. CALL TO ORDER, INTRODUCTIONS

5 min II. CONSENT CALENDAR • Approval of April Minutes

20 min. III. PUBLIC HEARING ON THE DMS 96/97 ACTION PLAN (Attachment A)

15 min. IIIa. DISCUSSION OF ACTION PLAN & PUBLIC TESTIMONY

15 min IV. OUTCOME MEASURES (Attachment B)

20 min V. ESTABLISHMENT OF GUIDELINES FOR RECEIPT OF MATERIALS FROM DMS FOR MHB APPROVAL

15 min. VI. MHB COMMITTEE REPORTS

- Executive Committee: ACTION ITEM: Support for parity for mental health coverage in federal health legislation (Attachment C)
- Budget Committee
- Program and Services Committee
- Public Relations
- Children's Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to SFGH CAB, DMS, Other

20 min VII. REPORT FROM DMS/DPH: Jo Ruffin, L.C.S.W., Deputy Director

10 min VIII. PUBLIC COMMENT

IX. ADJOURNMENT

SUNSHINE ORDINANCE

(Chapter 67 of the San Francisco Administrative Code)

Government's duty is to serve the public, reaching its decisions in full view of the public.

Commissions, boards, councils and other agencies of the City and County exits to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Downtown Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

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4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

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DIVISION OF MENTAL HEALTH, SUBSTANCE ABUSE AND FORENSIC SERVICES

ACTION PLAN FOR FISCAL YEAR 1996-1997

MANAGED CARE FY1996-1997: Implementing Major System Change

The State is the process of implementing a managed care model that will affect all MediCal funded services. Under this model, everyone in California who has a MediCal card will be a "member" of a managed care organization, either private or public. That organization will be responsible for providing access to all needed health services, with the exception of mental health and substance abuse services.

MediCal-funded mental health services have been "carved out" from other MediCal-funded health services and the managed care organization for mental health services is the county mental health department. When the managed care model for mental health has been fully implemented in 1997, the state plans to fix or *capitate* the fee it will pay to managed care organizations for each of their members. San Francisco County, Division of Mental Health Services (DMS) will become the *broker of services* for an estimated 120,000 MediCal recipients and will be "at risk" for their care.

The State has continued its fee-for-service MediCal program for substance abuse services. It is not clear at this time that this approach will be modified in the foreseeable future. However, in San Francisco, Community Substance Abuse Services (CSAS) receives federal *Target Cities* funding to implement a managed care model that would standardize access to substance abuse services, improve the linkages among more than 90 San Francisco substance abuse programs and related services, and provide client information to improve management of services and their quality of care. Target Cities funding provides $2.5 million a year over a five-year period under a cooperative agreement between the federal, state and county governments. Fiscal Year 1996-1997 will be year four of this project.

Division of Mental Health, Substance Abuse and Forensic Services Managed Care Implementation Tasks

Managed care models demand new skills and levels of accountability, including the ability to anticipate member needs and to hold providers accountable for both the costs and outcomes of service. Mobility and adaptability are also imperative, to allow timely allocation of resources and response to the rapidly changing health care environment. Following is a list of organizational tasks to be accomplished during FY1996-97 by the Division of Mental Health, Substance Abuse and Forensic Services (DMSF); under each task the current status and recent developments are described where applicable. The timeline for the mental health (DMS) managed care planning tasks is attached. Some of them can be accomplished by reassigning or retraining existing staff. However, because of the rapid change required and the potential for serious fiscal consequences of poor or inadequate management in the near future, additional resources will be allocated to many of them during managed care implementation.

DMSF: Change Management Structure

- DMSF Integration of clinical and business functions to reduce costs and increase efficiencies.

  The business functions of CSAS & DMS are in the process of integration.

  The Director of Public Health is considering proposals for the integration of other administrative functions in CSAS, DMS and Forensic Services.

- DMS Complete implementation of brokerage management structure.

  In FY95-96, DMS began reorganizing existing administrative staff into a managed care brokerage model in which service delivery and the brokerage (purchasing and quality management) functions are separated. Administration is currently in a transitional phase. This transition will be completed in 1997 when administration's role is clearly brokerage and city-operated programs deliver services in competition with other providers.

DMS & CSAS: Improve Quality Management

- Implement client outcome measures.

  These will be used to evaluate program outcomes, improve the quality of care and support decision making on resource allocation.

- Implement consumer satisfaction measures.

- DMS: Implement consumer satisfaction and client outcome measures as part of provider performance assessment function.

  Pilot work has been done in client satisfaction, outcomes, managing high-cost, high-risk clients, and building a quality improvement structure. In 1996-1997, client outcome measurement and consumer satisfaction will become a regular part of staff activity in programs and feedback will be given to program managers and staff.

- CSAS: Implement computerized management information system, including waiting list, referral and vacant slot tracking, provider profiles, utilization and cost-of-care.

DMS: Establish Risk Management

- Develop health economics information to describe and project member service need and use patterns.

- Develop additional utilization control mechanisms for mental health services.

  In January, 1995, utilization control was put in place for all MediCal-funded psychiatric hospitalizations, including hospitalizations by private psychotherapists. Review of high-use, high-cost patients is now a routine administrative function.

  In January, 1997, DMS will begin to authorize all MediCal outpatient services. Planning for authorization mechanisms is currently underway.

- Improve the care coordination function implemented in mental health in FY 93-94.

  89% of all new, non-hospitalized clients receive a complete evaluation and determination of eligibility within 5 working days of their first contact with the system.

  Trainings have been provided to clarify the roles of the coordinator and address client-care issues.

  The role of the coordinator will change under managed care. Exactly how will depend of the program models which are still under discussion.

- Develop additional management reports on costs of care and services provided to help management identify and correct resource allocation problems.

  During FY95-96 a "Morning Report" has been developed which informs care coordinators that consumers were admitted to a psychiatric inpatient unit. A *Key Indicator Report* is in development that will provide management with regular information on how well DMS is meeting its objectives and alert management to potential problems.

DMS: Develop Member Services

- Define benefit packages to meet varying member needs.

- Improve access to service for clients with multiple substance abuse, mental health, physical health and HIV problems.

- Assure member access to service system by developing mechanisms to inform members of and refer them to available services (including a multilingual 800 number).

- Develop service system enhancements (such as a crisis response capacity).

  Mobile Crisis Treatment Services began operation in December, 1995, to provide emergency psychiatric evaluation and treatment in the community. A goal of this new program is to support people within the community and reduce the use of hospital-based emergency services.

- Develop marketing skills to expand the member base prior to capitation -- the more federal Medicaid dollars in the system prior to capitation, the better chance of a reasonable capitated rate for services.

- Explore ways to assure a seamless interface between behavioral health and physical health plans and facilitate future patient referrals.

- Increase organizational responsiveness to consumer satisfaction and complaints. Develop Ombudsman position.

  A formal complaint and grievance procedure was implemented in early 1995.

- Increase service options to prepare for capitation, with increased emphasis on risk management, early intervention, alternatives to hospitalization and coordination of care.

- Begin implementation of DMS Housing Plan.

  The Five Year DMS Housing Plan was approved by Health Commission in 1995.

DMS: Develop New Level of Provider Services

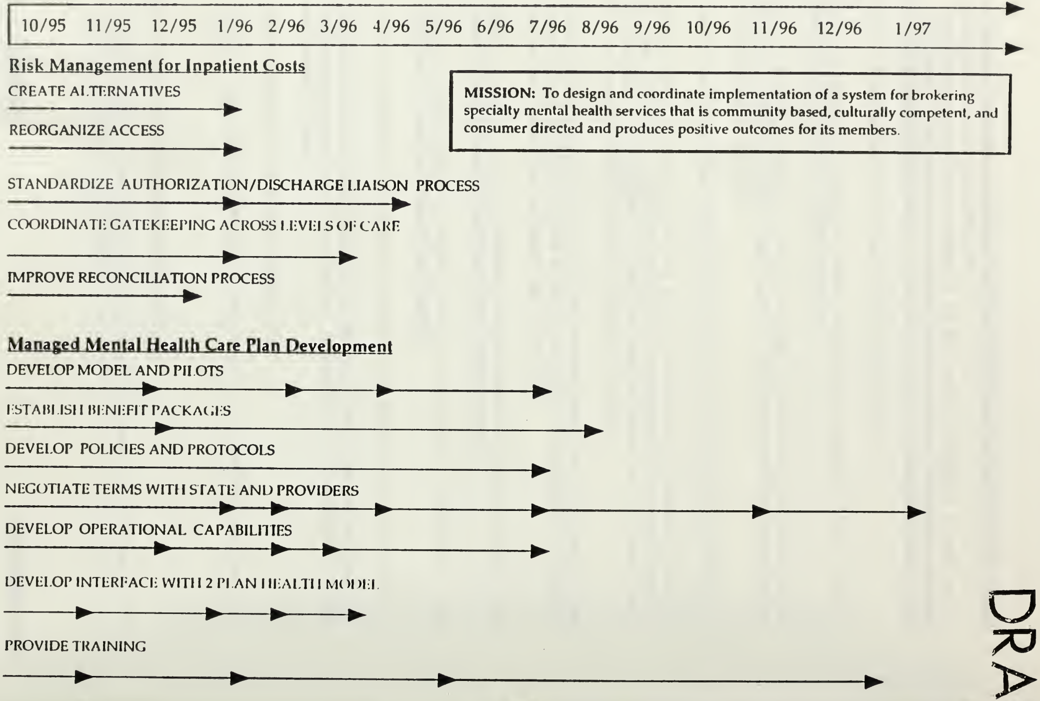
- Develop system of timely claims payment and adjudication that is responsive to the expanded provider network.

- Refine standards for provider certification and streamline contracting process.

  By the end of FY95-96, policies will be in place describing how providers apply for certification for various funding streams and how to report changes in key provider information to assure the smooth flow of information and funds.

Timeline for DMS Managed Care Planning Tasks

SUMMARY (Detail on following pages.) All decision making is subject to process adopted by Leadership Work Group.



MISSION: To design and coordinate implementation of a system for brokering specialty mental health services that is community based, culturally competent, and consumer directed and produces positive outcomes for its members.

DRAF

DPH

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MEETING OF THE FULL BOARD

Wednesday, May 8, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AMENDED AGENDA

I. **CALL TO ORDER, INTRODUCTIONS**

5 min. II. **CONSENT CALENDAR** • Approval of April Minutes

20 min. III. **PUBLIC HEARING ON THE DMS 96/97 ACTION PLAN** (Attachment A)

15 min. IIIa. **DISCUSSION OF ACTION PLAN & PUBLIC TESTIMONY**

15 min. IV. **OUTCOME MEASURES** (Attachment B)

20 min. V. **ESTABLISHMENT OF GUIDELINES FOR RECEIPT OF MATERIALS FROM DMS FOR MHB APPROVAL**

15 min. VI. **MHB COMMITTEE REPORTS**

- Executive Committee: ACTION ITEM: Support for parity for mental health coverage in federal health legislation (Attachment C) ACTION ITEM #2: Site Approval - Proposed move of Sunset Geriatrics from 1351 42nd Ave. to 6221 Geary Blvd. (Attachment D)
- Budget Committee
- Program and Services Committee
- Public Relations
- Children's Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to SFGH CAB, DMS, Other

VII. **REPORT FROM DMS/DPH:** Jo Ruffin, L.C.S.W., Deputy Director

10 min. **VIII. PUBLIC COMMENT**

IX. ADJOURNMENT

Public Health

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UNADOPTED MINUTES

Wednesday, May 8, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Maria Leib (Acting Chair); Anita Burton; Darwin Dias; Peggy Gilleran, J.D.; Toye Moses, Ph.D., M.P.H.; Alex Rossman, M.S.W.; Phyllis Spanglet; Lora Traveler.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Norma Block (Chair); Lois A. Jones; Joanne Ross.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

OTHERS PRESENT: Bill McConnell, Ph.D. (DMS); Mike Wise (Resident, Pleasant St. Grove Home); Marie Wren (Family Service Agency Geriatric Services); Mabel Jung (South of Market Mental Health Clinic); Joan Porter (Baker Places); Jennifer Cooper (Psychiatric Nurse, Graduate Nursing Student); Emeric Kalman (Family Member); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Maria Leib, Acting Chair, at 7:00 p.m. There was a special introduction of Zena Laura Organista, 5-month-old daughter of former Board member Pamela Balls Organista!

II. CONSENT CALENDAR

RESOLUTION (MHB-96-14): Be it resolved that the minutes of the MHB meeting of April 10, 1996, be approved as submitted. (Passed)

III. PUBLIC HEARING ON THE DMS 96/97 ACTION PLAN

Dr. McConnell opened with the following remarks: The Action Plan is required by state legislation. Every year the form of the Action Plan changes. This year it is almost entirely a description of how DMS is moving into managed care. Everything is a continuation of last year's plan, with some parts expanded, such as risk management and outcome measures, but with no major shift in direction.

Dr. Moses asked: Realistically speaking did we meet our objectives from last year's plan, especially with regard to cultural competency and consumer guidance?

Dr. McConnell replied: We've been working on those goals since the Strategic Plan was adopted. In cultural competency, Tina has been working on that. She's done a lot of activities. We're planning to do focus groups on consumer satisfaction based around ethnic groups. In terms of the community-based goal, we're opening the R-Facility here, bringing people back home from other counties. Also the goal of coordinated care is to keep people in community programs.

Ms. Spanglet remarked as follows: Being an old-timer on the Board, the difference in all these areas between 6 years ago and now is like night and day. Community-based, you've got down now. But consumer-directed, we still have to remind them once in a while. But the amount of consumer input now is amazing—like the Office of Self Help.

Dr. McConnell continued: We decided to increase the membership of consumers and family members on the QPC to 30%.

Ms. Gilleran asked about the issue of client satisfaction. Dr. McConnell replied: We will be revising our survey process. We piloted a survey in 3 programs but didn't get many responses. The next time, we'll revise the questionnaire and have staff be more active in handing it out.

But that's just one mechanism. Also we have outcome measures which will be done every 6 months, or at least once a year, and this will give us a system-wide measurement. But we'll also do focus groups to generate a lot of detail and that will give us an action focus.

Ms. Planck asked how program reviews fit into this process. Dr. McConnell replied: That's useful in looking at individual programs. One approach probably doesn't answer every question. In health care there is a debate raging now about the difference between client satisfaction and other outcome measures. The extremes of the debate are: 1) the priority is that the client is satisfied, and 2) that there be good outcomes in terms of progress, whether or not the client is happy in the process.

One of the things that brought up this debate is that behavioral health companies started with satisfaction and now are getting into outcomes. Most people will say they are satisfied with most things. So satisfaction is a safe measurement, but not enough, which is why we are paying so much attention to outcomes.

A member of the audience asked: 1) How can I be assured, once I leave the system of care, that information about me will be blocked, will be taken out of the system? 2) With regard to the people who are going to be cut off from SSI, are we feeling any obligation as a city to help them find other services? Dr. McConnell replied. I don't think the city is talking about not providing services. That's what the General Fund is used for. We don't have a provision in our system that we block someone's records when they leave the system. But we have lots of confidentiality rules.

The questioner replied: But those confidentiality rules are cosmetic. Dr. Moses said that he thought this was an important issue and that the Program and Services Committee could look into it. Ms. Gilleran stated: As of this moment, I'm putting it on the agenda of the Program and Services Committee.

Mr. Leoni provided a series of technical corrections which Dr. McConnell noted and accepted. Mr. Leoni also said that there was nothing in the Action Plan regarding the Rehabilitation Facility or capitated risk sharing, both of which are major news. Dr. McConnell agreed that they should be added in.

Mr. Wise asked about the Housing Plan. Dr. McConnell replied: The 5-year Housing Plan shows how we're going to develop what level of housing each year. We have items in the budget to cover next year's part of the housing plan. How much funding we get will determine how much we can accomplish.

> **RESOLUTION (MHB-96-15): Be it resolved that the Mental Health Board has reviewed the DMS Action Plan for 96/97 and has given its approval to the Plan, with the additions and corrections noted during the meeting. (Passed)**

IIIa. DISCUSSION OF ACTION PLAN AND PUBLIC TESTIMONY

Discussion took place during the hearing itself.

IV. OUTCOME MEASURES

Dr. McConnell reported as follows: State legislation requires outcome measures, and we've started working on how to do them. The State decide to do a pilot program on outcomes using a selection of clients who were 18 years and older, who had a major disorder, and who had had at least 5 contacts during the three months preceding the chosen date. The pilot was specifically limited to stable clients, eliminating acute clients. The State decided on the sample size needed from each county to be statistically significant. They used the same instrument 3 times with each client at the following three times 1) Oct.-Nov. 1993, 2) Apr.-May 1994 (6 months), and 3) Nov. 1994 (12 months). The State put the data it collected together in a book and sent it out to the counties requesting that the counties review the data and report back to the State about the data for their county. Finally, the State will make a report to the legislature.

San Francisco only had two items which showed a significant difference between the first and third time the instrument was administered. One was satisfaction with the living situation. Satisfaction improved by the 3rd administration of the survey. The best reason we could think of for this increase in satisfaction was that DMS began serious development work on housing in 91/92. We got some federal grants, and so might expect to see improvement in satisfaction over time. But it's really difficult to say specifically that's why that change occurred.

The other item was about receiving dental care in the past two years. We don't know why this changed.

This study was a useful exercise in terms of getting people to think in terms of outcomes. But in terms of the sample size, it's hard to know what the study means. The main value of this work was that it set the stage for the next version of outcomes. Ms. Gilleran asked about the sample size. Dr. McConnell said it was 132 total. Ms. Leib said that none of the members of the working group were comfortable with that small a sample size.

Dr. McConnell continued: The new outcome measures will give us information much easier to interpret. It's very hard to get outcomes that are meaningful. The best way to do this is by random assignments of consumers to clinics, but ethically we can't do this. With the new measures we'll be able to measure differences in outcomes between ethnic groups.

Dr. Moses asked if the issue of people coming into San Francisco from out of state or out of county was addressed. He noted this would be important so we can argue for our funding. Dr. McConnell replied: Most people in our system grew up in San Francisco. It's very hard to measure who's moved in. We can measure where their SSI was established and where they are living now. It's probably about 10-15% have come in from elsewhere.

Mr. Leoni again noted corrections, including things listed in the report to the state which didn't happen till after the time frame covered in the report. Dr. McConnell accepted the corrections. Mr. Leoni further noted: San Francisco was way ahead of the State in terms of people feeling connected with friends. I can't help but wonder if that was because we have strong residential, day treatment, and other socializations programs. Dr. McConnell agreed to add that to the report.

> **RESOLUTION (MHB-96-16): Be it resolved that the Mental Health Board has reviewed the report "Adult Performance Outcome Measures: Wave I to Wave III," and has approved submitting it to the California Mental Health Planning Council, with additions and corrections as noted in the discussion. (Passed)**

V. ESTABLISHMENT OF GUIDELINES FOR RECEIPT OF MATERIALS FROM DMS FOR MHB APPROVAL

Ms. Leib commented as follows: We were more than a little irked in the Executive Committee that we didn't have the Action Plan to look at. We felt that DMS doesn't take us seriously. It's difficult to make an informed judgment if we don't have the materials in time to be mailed out to the Board in the packet. What can we do about this? Can we get a draft a month prior to the deadline? At the Executive Committee meeting we had nothing to look at.

Dr. McConnell asked: How many things does this happen with? Is it just the Action Plan or what? Ms. Planck responded: It includes budget documents, and pretty much everything that requires MHB review. Usually we need things at least 3 weeks before we get them. Norma and I mentioned this to Jo at our last meeting with her and she brought up the planning calendar which we used to do.

Dr. McConnell replied: The planning calendar could work for the Action Plan. This isn't an excuse. I underestimated the time it takes to get things prepared in time for you to turn them around and get them mailed out. Perhaps we can add an item to our Management Team agenda regarding timing for submission of materials to the MHB. Ms. Planck replied: We have to plan our agendas several months in advance, so the planning calendar would help us do that.

VI. COMMITTEE REPORTS

Executive Committee

> **RESOLUTION (MHB-96-17): Be it resolved that the Mental Health Board ratify the action taken by the Executive Committee in sending a letter to Mélange Matthews, Senior Legislative Planner for the Department of Public Health, requesting that the City and County of San Francisco officially support the Domenici-Wellstone amendment to the Senate health care bill, mandating parity for severe mental illnesses in health insurance coverage, and lobby for parity to be included in the final legislation to be passed by Congress. (Passed)**

Mr. Dias gave a report on the proposed new site for the FSA Geriatrics Services: It couldn't be more ideal. I was pleasantly surprised. It fits in with what they want. They're fortunate to get this space. They will be sharing the building with another geriatrics program.

Ms. Wren from the FSA Geriatric Services added: We'll have all of the first floor and will share the 3rd floor with the Richmond Senior Center. We'll have a total of 6,000 sq. ft. We'll have less square footage than in the old location, because we are having to pay more, but we don't anticipate any diminishment of services. We hope to move in July. There is no opposition that we know of at this point. We have a sign posted on the building, but there have been no phone calls so far.

> **RESOLUTION (MHB-96-18): Be it resolved that the Mental Health Board recommend to the Health Commission that they approve the move of the Family Service Agency's Geriatric Services from 1351 42nd Avenue to 6221 Geary Boulevard. (Passed)**

Program and Services Committee

Ms. Gilleran reported: Seventeen program reviews have been completed. We're continuing to compile different criteria and means for reviewing unusual programs.

We're continuing to investigate medications policy. Dr. Moses noted that during the Committee's discussion it was found that some programs are using acupuncture, and he suggested inviting some of these programs to make a presentation to the Board.

Public Relations Committee
Ms. Leib reported on the success of the Arts Reception held on May 10th.

Children's Committee
Ms. Jones reported: Sai-Ling Chan-Sew attended the meeting. We want to look at children's outcomes and the upcoming Youth Forum in November. Dr. Moses suggested inviting the Family Mosaic Project staff to come to a Board meeting to make a presentation on their program.

Consumer/Family Member Task Force
Mr. Leoni reported: We talked about the Bed Committee and will continue that discussion. We'll be having Tina Yee come talk with us at our next meeting on the consumer focus groups.

Quality Policy Committee
Dr. Moses reported: We talked about outcome measures, pharmacy issues, and geriatric housing, including the suggestion of a 100-bed facility in the Western Addition. I want to thank the Committee for its sensitivity to diversity with the election of new members, including Anita Burton and Steve Leoni.

Ms. Spanglet reviewed an action alert distributed by Access: A Campaign for Mental Healthcare. The alert was in support of SB 1403 (Watson) which would require that new mental health medications such as resperidone and clozapine be included on the Medi-Cal list of approved drugs, without requiring a Treatment Authorization Request.

VII. REPORT FROM DMS/DPH

Dr. McConnell reported in place of Jo Ruffin who is on vacation. He briefly reviewed the situation of the South of Market Clinic. Then reported as follows: We have been authorized to proceed with staff hiring for the Rehabilitation Facility for this year. San Francisco General will be hiring the staff. DMS will have a contract with SFGH. We will be the broker for the service. DMS will have a performance agreement with SFGH, so we will have a lot of control.

The City budget for 96/97 is being finalized in the Mayor's Office now. It seems that the Mayor's being fair. Some things we're getting, some things we're not getting.

VIII. PUBLIC COMMENT PERIOD

Mr. Kalman noted the layoff of nurses reported in the *Chronicle*, and asked if that would have any impact on mental health. Dr. McConnell said he doubted it.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:20 p.m.

Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
fax: (415) 255-3567

SF
P70.52
#1
6/12/96

MEETING OF THE FULL BOARD

Wednesday, June 12, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AGENDA

I. CALL TO ORDER, INTRODUCTIONS

5 min. II. CONSENT CALENDAR

- Approval of May Minutes

35 min. III. SPECIAL PRESENTATION: JOBS NOW!

Carol Patterson

10 min. IIIa. DISCUSSION OF PRESENTATION

- Consideration of proposals for action items

30 min. IV. MHB COMMITTEE REPORTS

- Executive Committee
  Site Approval for move of Bayview/Thunderseed Day Treatment to 1740 Cesar Chavez Street (Attachment A)
- Budget Committee
- Program and Services Committee
- Public Relations
- Children's Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to
  - SFGH CAB
  - Quality Policy Committee
  - Clinical Restructuring Task Force
  - Other

30 min. V. REPORT OF THE DEPUTY DIRECTOR

10 min. VI. PUBLIC COMMENT

VII. ADJOURNMENT

SUNSHINE ORDINANCE

(Chapter 67 of the San Francisco Administrative Code)

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We want your questions now for our meeting in July!

July MHB Meeting: Panel on UNDERSTANDING MANAGED CARE

John Brungés, Consumer; Chair, Mendocino MHB; Calif. MH Planning Council; MHA; CALMHB
Carmela Castellano, J.D., Executive Director, Public Advocates; Latino Coalition for a Healthy California
Pat Moore, L.P.T., St. Mary's Partial Hospitalization Program
Nancy Presson, M.P.H., Associate Director for Managed Care, DMS

The purpose of this meeting will be to learn more about Managed Care. We've got some basic questions: How does it affect the services DMS delivers? What does it mean to consumers? What happens to quality? What happens to accessibility? How does consumer satisfaction get measured and then responded to? Is Managed Care really more cost-effective? What happens to the intangibles which are part of the healing process? If insurance companies and public sector brokers dump risk management, who will pick it up, and what will be the consequencess of that shift?

We also want you to send in the questions which are most important to you. The deadline is Monday, June 26th. Then we'll submit our collection of questions to our panelists ahead of time, so they can be prepared to respond to our most pressing concerns.

NAME (Optional)____________________________

ORGANIZATION (Optional) ____________________________

QUESTIONS:

1.____________________________

2.____________________________

3.____________________________

Add more questions on the back if you like. Mail to above address or fax to 255-3760.
Deadline for questions: Monday, June 26th.

DPH

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UNADOPTED MINUTES

Wednesday, June 12, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Darwin Dias; Peggy Gilleran, J.D.; Lois A. Jones; Maria Leib; Toye Moses, Ph.D., M.P.H.; Alex Rossman, M.S.W.; Phyllis Spanglet.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Anita Burton; Lora Traveler.

ADJUNCT BOARD MEMBERS PRESENT: None

PRESENTER: Carol Patterson

OTHERS PRESENT: Jo Ruffin, L.C.S.W. (DMS); Bob Martinez (DMS); Mike Wise (Resident, Pleasant St. Grove Home); Ann Grant (Community Advisory Board, Dept. Psychiatry, SFGH); Mark S. Adamek (Spiritmenders); Rachel Pretinskei (Former Consumer); Mickey Shipley (Center for Special Problems; Community Advisory Board; Consumer/Family Member Task Force; SFDMDA); Neil Broudy (St. Luke's Outpatient Program); Jane Sanders; Emeric Kalman (Family Member); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:04 p.m. Ms. Ruffin introduced Bob Martinez, former Director of Mental Health Services for Santa Clara County. She said he is filling her former position on a contract basis, because Civil Service still hasn't approved a permanent replacement. She noted that Mr. Martinez had been instrumental in setting up the Jobs Now Conference last year.

II. CONSENT CALENDAR

RESOLUTION (MHB-96-19): Be it resolved that the minutes of the MHB meeting of May 8, 1996, be approved as submitted. (Passed)

III. SPECIAL PRESENTATION ON: JOBS NOW!

Ms. Block introduced Ms. Patterson as follows: Carol works at the Independent Living Resource Center, providing Peer Counseling Training and Self Advocacy Training to persons with disabilities, including the Peer Facilitator for the Jordan Apartments and Peer Counselors for City College. She supervises the Peer Counseling Program at San Francisco General Hospital and the Thursday Afternoon drop-in at the ILRC office.

I want to say that I went to the drop in groups on Thursday afternoons and found the peer counselors to be much better than many therapists. Because I got the ILRC newsletter, I found out about the Mental Health Board and applied.

Carol is also Chair of Jobs Now! She is a Facilitator for the National Empowerment Center. She is a consultant to the self-help staff of the Kujichagulia Project. She is a member of the Bay Area Network of Mental Health Client Organizations, the California Network of Mental Health Clients, the DMS Committee for the Guidance of the System, the Committee on Clinical Concerns about Hiring Consumers, the MHB Consumer/Family Member Task Force, and the Consumer Housing Group and Anti-NIMBY Committee of the Mental Health Association.

It's hard to imagine one person doing all these things!

Ms. Patterson made her presentation as follows: There was a conference on May 23, 1995, called "Jobs Now!" People from 13 Bay Area counties attended. It was about the meaningful employment of mental health clients in the public mental health system. The focus was on providing services, not just janitorial-type jobs. The afternoon focused on counties meeting together to work on a hiring plan. The Jobs Now! Committee has been meeting in San Francisco almost monthly over the last year.

We've talked about the philosophy of hiring consumers. All consumers are supposed to have a vocational plan. All positions in DMS are open to consumers. We have a range of talents, not just as peer counselors. We challenged the requirements for the Director's job and encouraged consumers to apply. We also talked to Sandra Hernández about consumers being involved in the hiring process.

Our goals include:
1. We'd like 200 consumers in paid positions half-time or more, providing services by the year 2000. We wanted it written into the 96/97 contracts that there be two consumers in each contract. We've estimated that there are currently 20-24 consumers in the system. There are more w don't know about. There are consumers in the system who do not feel okay about disclosing who they are. We're working now on a survey to ask anonymously how many consumers we have in the system. We want to change the culture of the workplace in the system so people feel safer to disclose. We'd like to see training for consumers so they can successfully work in the system. To see consumers working in the system would be inspiring to other consumers.

2. We also wanted 10% of all types of jobs in DMS to be held by consumers by the year 2000. We have to work actively to recruit talented consumers. Once people get hired they do need support. Perhaps support groups. Perhaps problem solving.

3. We also wanted 3 consumers at the administrative level. We'd like people at the top who can work from the top down in changing the system.

4. We also have started working on an Office of Consumer Affairs.

Why would we want to hire consumers?
a. Consumers can gain new skills.
b. Consumers who are employed have fewer hospitalizations, so there is a cost savings for the system.
c. Staff would have contact with clients who are doing well.

We've developed policy statements and have submitted them to Sandra Hernández and Jo Ruffin and enlisted their support. We've compiled a list of consumer organizations and submitted them to Civil Service so hopefully when there are job openings, notice will be sent out to those organizations.

We've begun preparing a presentation for social service labor unions. We want to tell them many of their members are probably mental health consumers, so what we are doing will be helping them.

We'd like to ask the MHB to see where consumers are employed in the system through the program review process. We are asking for 2 per contract.

Ms. Rossman asked for a definition of consumer. Ms. Patterson replied as follows: We haven't defined what consumer means. We are still talking about it. It's a real different experience to have been hospitalized vs. just being in therapy. It's important to work out that definition. The ADA has a definition that involves loss of functioning, a history of disability, or the appearance of disability.

Ms. Planck noted that to be eligible for a consumer position on the MHB, the person has to have been hospitalized and have been called mentally ill.

Ms. Block noted: I find as a consumer, it's fairly easy to get an entry level job, but to move up is very difficult. Ms. Patterson responded: We call it a glass ceiling effect. I've wondered if I left my current job, could I get something with equivalent pay since I'm so identified as a consumer.

Ms. Patterson continued: We're working with Ladonnis Ellston on an anonymous survey to find out how many consumers are working in the system. There is an RFP out now for Assertive Capitated Case Management. Nothing requires that consumers be hired.

Ms. Ruffin commented: With regard to my job, I believe that consumer groups did have an impact on the process. The concerns brought up by the Consumer Task Force did make it into the interview process and questions. It was very apparent in my experience of the process.

We're committed to consumer guidance of the system, but there we are using the broader definition, including consumers, family members, and others impacted by the system.

The job announcements for the Rehabilitation Facility are not quite out. So that's why you haven't seen anything yet. We have it written into the contract with SFGH that all positions are open to qualified consumers. We also have a number of what we call "consumer-focused" positions.

We are starting to work on contracts. But we haven't worked all of the details out yet, how to include something in contracts about consumer hiring.

Mr. Kalman comented: I have a son who is under treatment with the City's mental health system. As I see it he is ready for going one step forward in his life. We have in the system hundreds of young men and women who are doing nothing day in and day out. We should be using programs available on the state and federal level. Three years ago I took my son to State Rehabilitation to get in their programs. They said he was too sick. Now they are saying he is doing too well. But today I received a letter. He has severe disabilities and they said he is eligible for services. We're basically keeping people in passivity and inactivity.

Ms. Patterson added: The information I get from the Vocational Task Force is that people who work end up in the hospital less. Mr. Kalman continued: The medical programs are first class. I've seen that with my son. But after that there is nothing. We should encourage these people in the trades. We have too many bureaucrats already, we don't need more clerical people.

Ms. Nohrnberg added: The idea this gentleman is presenting is effective in other counties. In San Mateo there's a sheltered workshop. They have contracts to unwind the wires of headphones for the airlines.

Ms. Ruffin replied: I don't want to leave you with the impression that we aren't doing anything. We are not doing enough yet, but we do have a partnership with Vocational Rehabilitation to do pre-vocational and vocational training. Our messenger system at 1380 Howard Street and between our clinics is consumer run. Our reception/clerical staff at our front desk are consumers. The Cafe at 1380 Howard and 101 Grove are run by consumers. We have people who have mainstreamed into regular positions through Rule 34. There is an ongoing vocational rehabilitation effort through Jack Rabin. We want to integrate these two efforts with Jobs Now! to make this a safer workplace for consumers.

Ms. Spanglet noted: Speaking with Phyllis Harding about the consumer positions, she mentioned that ward clerks duties would include teaching patients daily living skills. I think that would be a great job for consumers. They would be serving as role models.

Ms. Ruffin added: We are hoping to develop an on-site training program for consumers to become nursing assistants. We'll have an on-site computer lab for the vocational training.

Ms. Patterson noted: We've talked about making an arrangement with City College to have peer counseling taught there. The Office Project in Contra Costa County is a 6-8 week, daily training program to prepare people to work in the mental health system. I think we need to think about a training program of some sort.

IIIa. DISCUSSION OF PRESENTATION

> **RESOLUTION (MHB-96-20): Be it resolved that the Mental Health Board 1) endorses the proposals and principles of Jobs Now! as put forth in their San Francisco Hiring Plan, their Draft Policy Statement for DMS Chief Executive, and their Draft Policy Statement for the Director of Health; 2) endorses the development of a course at City College preparing consumers for working in the mental health system, and 3) agrees to request information from DMS regarding consumer employment in the mental health system. (Passed)** (The documents cited above are attached to the official copy of these minutes.)

Mr. Shipley added: I'd like to re-emphasize Carol's program. I was involved in peer counseling and went to her program in 1988. I was a peer counselor at SFGH for 6 years. Now I'm a peer support staff at Center for Special Problems, as well as being on the Executive Committee of the Consumer/Family Member Task Force, the Board of the CAB, and the Board of the DMDA. If it hadn't been for Carol's program I never would have known what was out there.

Ms. Pertinskei also noted that she was a graduate of Carol's program and that Carol is a good advocate.

VI. COMMITTEE REPORTS

Executive Committee

Bayview Hunter's Point Site Approval Review:
Dr. Moses reported as follows: I was approached to do a site visit and went out last week. (He handed out a floor plan of the proposed new facility.) I spent an hour there. The place is really nice. It's away from all the distractions like the old sites where there are liquor stores everywhere. This place is very modern and is located in a commercial area. The public transportation is excellent so there is no excuse for consumers not getting there. I'd like to urge approval.

Teiahsha Bankhead, Director of Program Development for the Foundation, added the following: We spent many months looking for this site and we are very pleased with what we found. It's 16,000 square feet. It has showers, lockers, laundry facilities, and large activity rooms. We'll have a daily census of 65. The site was occupied by the California Highway Patrol. We negotiated a wonderful price as well as some dramatic improvements. We held a community meeting, and received no opposition at all. We got lots of support.

At this point several Board Members asked, "What's your secret?"

Ms. Bankhead replied: People in the community know us.

Ms. Ruffin added: Thunderseed is a program which we asked BVHP to take over. BVHP already had a day treatment center and California Pacific Medical Center was giving up Thunderseed. Both programs were in inadequate space. They will become one program now at this new site. The site is very accessible both to the Bayview Hunters Point area and to the OMI. They've done an excellent job!

> **RESOLUTION (MHB-96-21): Be it resolved that the Mental Health Board recommend to the Health Commission that they approve the move of the Bayview/Thunderseed Day Treatment Program, which is operated by the Bayview Hunters Point Foundation for Community Improvement, from the current two sites at 4301 Third Street and 1345 Ocean Avenue to the proposed new site at 1740 Cesar Chavez Street. (Passed)**

Ms. Block announced that Joanne Ross had resigned from the Board due to increasing professional commitments. Ms. Block noted that she would replace Ms. Ross as Chair the Budget Committee and as the MHB's R-Team Captain for the time being.

Program and Services Committee

Ms. Gilleran reported: We had a really interesting meeting. We invited Sai-Ling Chan-Sew along with Ken Berrick and Seth Prosterman from the Seneca Program to give us a presentation. We wanted to find out about the trend away from medically-driven programs toward social rehabilitation programs.

Public Relations Committee

Ms Leib announced that the Committee will be joining the Children's Committee and the Program Committee for the meeting on July 2nd with Mary Burns, General Manager of the Recreation and Park Department, and Professor Jinny Jaquith from San Francisco State University to discuss the new "Master Plan of Recreation Programs and Services for Children and Youth with Disabilities."

Children's Committee
Ms. Jones commented: We have to shed some light on Children's Services. No one knows how programs are put together there. We have a transition program spending hundreds of thousands of dollars, and the teens are just ending up in jail or out on the street.

Consumer/Family Member Task Force
The new members of the Executive Committee are: Steve Leoni, Katie Nohrnberg, and Mickey Shipley.

Community Advisory Board, SFGH
Ms. Grant noted: The CAB has been working to provide consumer and family member input into the proposal being developed by the Depatment of Psychiatry for the new grant for Assertive Case Management. We're meeting regularly every Tuesday at 5:30 through July. Thanks to Maria Leib, Toye Moses, and Rich Snowdon for your help.

Clinical Restructuring Task Force
Ms. Gilleran reported: This is a time-limited committee charged with coming up with a plan for clinical restructuring in light of some existing problems and constraints of managed care. They are dealing with complex issues and key medication issues. The Committee is headed up by Alberto Lopez and Lewis Eng.

Family Mosaic Advisory Committee
Dr. Moses reported: There have been some problems with the program and personnel. There was a hearing at the Board of Supervisors subcommittee chaired by Supervisor Kennedy. It was decided to bring back the Family Mosaic Project Advisory Board. As a result Jo appointed two staff to re-start the Board. Lois and I went to every meeting at Bayview Hunters Point. There will be 15 members on the Family Mosaic Advisory Board. Sai -Ling and Nancy Presson did a wonderful job. When everything is ready it will be sent to Jo for her approval.

Ms. Jones added: Of the 15 members, 8 must be parents of children in the Project.

VII. REPORT FROM DMS/DPH
Ms. Ruffin reported: At the last meeting you expressed interest in a Criminal Justice System Committee. Clearly we have a lot of consumers in common with the criminal justice system. I met with Dr. Meredith, Director for Substance Abuse Services and Forensics, and he was delighted with your interest. Three Boards, the DAAB, the CAAB, and the MHB, will have representatives on the Committee.

With regard to Children's Services, one of the issues I want to be clear about is the Family Mosaic Project. At one time FMP reported directly to the Health Department. It was then folded into mental health services. There have been some strained relationships about whether it should be part of mental health or not. I'm very committed to it being part of mental health and welcome the Advisory Committee. But I feel strongly that the Mental Health Board is the Board that advises DMS. So I suggest that there be a liaison between the two Boards.

Ms. Jones noted: Considering that that wasn't discussed by the Committee at BVHP, that should be taken back to them. Ms. Ruffin responded: That's fine. I just want to be clear that the program is a program of mental health and we have an advisory structure in place. Dr. Hernández is supportive of the Advisory Committee, but is also clear that the program is a program of mental health.

Dr. Moses noted: It's good to have the Advisory Committee so people can go there instead of taking things public. Ms. Ruffin replied: We want to make it clear that this is a program of mental health and not just a program of Bayview, so we welcome this connection with the community.

Ms. Ruffin brought up the complaint from Ms. Jones about the notification and location of a meeting held by Children's Services. Ms. Jones noted: The notice for the meeting with the representative from the State was sent out too late for parents to be able to plan to be present. The meeting was held at a residential treatment center which is not a neutral place. The location was out by the beach, which is a 2 hour bus ride from Bayview Hunters Point of the Western Addition.

Ms. Ruffin replied: I think there may have been a misunderstanding about the meeting. The State requested to meet with some administrators of AB3632 programs. The meeting of this group of administrators is always at Edgewood, and the meetings are always open. With regard to the issue of parental input, the State said they would be glad to come back and do a meeting with the parents in another location.

Ms. Jones responded: One more time the professionals get a private meeting but the parents don't. There should be one meeting for parents and professionals. One more time the professionals get their digs in first.

Ms. Ruffin continued her report: A number of issues have come up around the Bed Committee. You may want Nancy Pression to come to your Program and Services Committee for a more detailed discussion. She has already met with the Community Advisory Board at SFGH. In our managed care role, we have to be the gatekeeper of services, particularly of the acute services. Under managed care you have to have a very close handle on how high-end services are used.

The Bed Committee started meeting daily, but now meets 3 times a week to monitor the use of beds. The Bed Committee reviews the situation where someone is in the hospital and there is a staff recommendation for that person to go to an L-facility or a residential facility or a Board and Care home, because those are our scarce resources. Anything other than the L-facility is a voluntary placement, so people can't be forced to a residential center or a Board and Care home.

The Bed Committee reviews these referrals to see if they are appropriate with regard to managed care. They usually agree with the clinical staff. Where there are differences, it's usually because the client wants to go elsewhere.

In one case the physician recommended the client to an L-facility. The client didn't want to go. The Bed Committee didn't think an L-facility was justified. Before making their final decision they consulted with Utilization Review. They then went through the Residential Committee to see if the client could be connected with residential treatment. So the Bed Committee then refused to authorize the move to the L-facility, but did authorize the move to the residential center. The physician in that case was upset. But the Bed Committee doesn't do placements itself.

Ms. Rossman noted: The Bed Committee is basically kicking back veterans, but the Veteran's Administration Hospital doesn't have the facilities to take them. So what's happening at the VA is that the patient gets shuffled.

Ms. Ruffin replied: I'll bring this up again with Nancy. I talked to her earlier. Probably there is some confusion about what the VA has and doesn't have. You're welcome to come to the Bed Committee and argue your case. Ms. Rossman responded: Okay, we're trying to show the City that we don't have the resources we used to have.

Ms. Jones commented: Last week I worked on a case of a teen transitioning to the adult system. This was about the first young person we've been able to get in there. But the stipulation the system put on the young man was that there had to be behavior support. Ms. Ruffin replied: I'm familiar with that case. It's a case of both mental health issues and developmental disabilities. He needs behavioral help and our resources are not great for that kind of dual diagnosis.

Ms. Patterson commented: At the Consumer Task Force, we've been concerned about the Bed Committee. We want consumers to have a say in the decision, even attending the Bed Committee. This is a major life decision being made behind their backs. What about having a consumer on the Committee? Ms. Ruffin responded: The clinical decision is made at the treatment site with the consumer. If the Bed Committee is disagreeing with the clinical decision, it is sending the decision back to the clinical staff.

Ms. Grant commented: I'm concerned that the assumption is made that the consumer is involved in the decision, and that's probably being done in the majority of cases, but there is nothing on the actual form to show that the consumer has been involved.

Ms. Ruffin continued: The Rehabilitation Facility is aiming for an August opening, but September is more likely. But don't quote me on that. During the phase-in process we are preparing for licensing and the phase-in of hiring. Some positions are in the DMS budget, specifically 6 peer counselor positions, which we will recruit and hire for. We will be asking for help from the Consumer Task Force for help regarding the selection and hiring of those counselors.

We'll be moving clients into the facility in groups of 6-10 as their staffing comes in. The staff they'll be working with will meet them ahead of time and prepare them for the transfer.

With regard to SSI decertification for people with substance abuse as part of their eligibility, we have an estimated 3,000 such people in San Francisco. So this decertification could be a disaster in terms of treatment, housing, etc. We're going to see if we can reassess people to see if they can qualify under mental health eligibility. We are training staff in the clusters on this, and are funding extra counseling staff and support staff at the SSI one-stop program.

VIII. PUBLIC COMMENT PERIOD

Mr. Adamek asked: The Rehabilitation Facility has been completed for approximately one year. How much has it cost the City and County to let that Facility sit idle? Ms. Ruffin replied: I don't know the answer to that. There are costs. The bigger cost is not having it accessible to people who need service.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:15 p.m.

Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD

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1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AGENDA:

I. CALL TO ORDER, INTRODUCTIONS

5 min. **II. CONSENT CALENDAR**
- Approval of June Minutes

45 min. **III. SPECIAL PRESENTATION: MANAGED CARE**
John Brunges, Carmela Castellano, Pat Moore, Nancy Presson, Douglas Studebaker

15 min. **IIIa. MHB DISCUSSION OF PRESENTATION**
- Including possible action

20 min. **IV. MHB COMMITTEE REPORTS**
- Executive Committee: ACTION: Ratification of action taken by Exec. Committee in supporting SFGH proposal for Assertive Case Management Program.
- Budget Committee
- Program and Services Committee
- Public Relations
- Children's Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to Other Groups

25 min. **V. REPORT OF THE DEPUTY DIRECTOR**

10 min. **VI. PUBLIC COMMENT**

VII. ADJOURNMENT

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MANAGED CARE

Join us for a panel presentation featuring:

John Brunges
Chair, Mendocino County Mental Health Board
Second Vice President, California Association of Local Mental Health Boards
Member, California Mental Health Planning Council
Mental Health Association

Carmela Castellano, J.D.
Executive Director, Public Advocates
Latino Coalition for a Health California

Pat Moore, L.P.T.
Partial Hospitalization Program
St. Mary's Hospital and Medical Center

Nancy Presson, M.P.H.
Associate Director for Managed Care
Division of Mental Health Services

Douglas Studebaker, L.C.S.W.
President
Merit Behavioral Care of California

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at the regular meeting of the
Mental Health Board of San Francisco
at 7 p.m. on Wednesday, July 10, 1996
in the 4th Floor Conference Room
at 1380 Howard Street (at the corner of 10th Street)
San Francisco

= Public Health

SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

Suite 510
1380 Howard Street
San Francisco, CA 94103
(415) 255-3474
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MEETING OF THE FULL BOARD

Wednesday, July 10, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AMENDED AGENDA:

I. **CALL TO ORDER, INTRODUCTIONS**

5 min. II. **CONSENT CALENDAR**
- Approval of June Minutes

60 min. III. **SPECIAL PRESENTATION: MANAGED CARE**
John Brunges, Carmela Castellano, Pat Moore, Nancy Presson, Douglas Studebaker

15 min. IIIa. **MHB DISCUSSION OF PRESENTATION**
- Including possible action

20 min. IV. **MHB COMMITTEE REPORTS**
- Executive Committee: ACTION: Ratification of action taken by Exec. Committee in supporting SFGH proposal for Assertive Case Management Program.
- Budget Committee
- Program and Services Committee
- Public Relations
- Children's Committee: Rec. & Parks' Disabled Plan: **ACTION**
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to Other Groups

15 min. V. **REPORT OF THE DEPUTY DIRECTOR**

5 min. VI. **PUBLIC COMMENT**

VII. **ADJOURNMENT**

DPH

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UNADOPTED MINUTES

Wednesday, July 10, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Darwin Dias; Lois A. Jones; Toye Moses, Ph.D., M.P.H.; Phyllis Spanglet; Lora Traveler.

BOARD MEMBERS NOT PRESENT: Jerry Windley for Supervisor Angela Alioto; Anita Burton; Peggy Gilleran, J.D.; Maria Leib; Alex Rossman, M.S.W.;

ADJUNCT BOARD MEMBERS PRESENT: Robin Cooper, M.D.; Steve Leoni.

PANELISTS: John Brunges; Pat Moore; Douglas Studebaker, L.C.S.W.; Nancy Presson, M.P.H.

OTHERS PRESENT: Linda Wang (DMS); Tina Yee (DMS); Yigal Ben-Haim; Mary Harris; Mark S. Adamek (Spiritmenders); Peggy O'Brien (McAuley Adolescent Day Treatment); Erwie Silva (St. Luke's Outpatient Services); Chris Fulop-Miller; Kinike Bermudez-Walker (Center for Special Problems); Sylvia Luz (St. Mary's Hospital); Stephen Vernon (HIV Contractors Association); Julia Diaz & Anjie (Spiritmenders); Craig Diaz (Consumer); Mickey Shipley (Center for Special Problems; Community Advisory Board; Consumer/Family Member Task Force; SFDMDA); Emeric Kalman (Family Member); Darin Lounds (Conard House); Kenneth Passamaneck, M.D. (Sunset Geriatrics of the Family Service Agency); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:02 p.m.
Ms. Block then remarked as follows: One of the great things about being Chair is that you get to give out awards. The relocation of the South of Market Mental Health Clinic has been a grisly and difficult battle. I'd like everyone who participated in helping to win approval for the relocation to stand and receive a round of applause.

I have made "Purple Heart" awards for certain people who endured hardships in the thick of battle, who experienced day-to-day harassment.

Ms. Block then presented awards to:

Mabel Jung, representing the clients and staff of the South of Market Mental Health Clinic along with the Filipino Family Alliance. (Ms. Jung was not able to be present. The award will be delivered to her.)

Kinike Bermudez, representing all the consumers who publicly testified on behalf of the clinic.

Luz-Mary Harris, the point person for DMS on the relocation.

Jo Ruffin, the Director of Mental Health Services. (Ms. Ruffin was not able to be present. The award will be delivered to her.)

Dr. Harris presented flowers to the Board members and commented as follows: I'd like to express our sincere thanks to all the members of the Board. We couldn't have done this without you!

II. CONSENT CALENDAR

RESOLUTION (MHB-96-22): Be it resolved that the minutes of the MHB meeting of June 12, 1996, be approved as submitted. (Passed)

III. SPECIAL PRESENTATION ON: MANAGED CARE

Ms. Block introduced the panelists as follows:

John Brunges is a consumer; Chair of the Mental Health Board of Mendocino County; a member, Calif. Mental Health Planning Council; 1st Vice President, Calif. Association of Local Mental Health Boards & Commissions; represents his MHB at the State Dept. of Mental Health and its Fiscal Managed Care Steering Committee; a member of the MediCal Managed Care Steering Committee, Fiscal Subcommittee for Managed Care.

Pat Moore has A.A. Degree. She has worked at St. Mary's Hospital for 30 years. She was an L.P.T.N. and now works as a Case Manager and Discharge Planner. She's interested in Managed Care because of personal concern for her clients. She's active in the community and serves as the Youth Director at her church. According to a former co-worker, "She is a remarkable advocate for her clients and is known by everyone as a deeply compassionate and loving person."

We all know Nancy Presson, M.P.H., who is the Associate Director for Managed Care, for the Division of Mental Health Services in San Francisco.

Douglas Studebaker, L.C.S.W., is the President of Merit Behavioral Care of California and has been with that company for 9 years. Prior to that he worked for five years at Community Mental Health in a group home setting. In addition to his L.C.S.W., he has Masters in Social Work and Masters in Business Administration (both from UCLA). Merit Behavioral Care provides EAP and Managed Care Services to approximately 1.2

million Californians. They also provide Behavioral Care Services for about 1 million individuals in other states.

Ms. Block explained the format for the panel noting that questions had been sent in ahead of time. She said that the Executive Committee had then reviewed them and grouped similar questions together, and sent them to the panelists in advance of the evening, so they would have time to prepare. Ms. Block then began asking the questions. (The names in parentheses are the people who submitted the question.)

1. How will Managed Care impact children's mental health system? (Lydia Cameron)
Ms. Presson: The San Francisco mental health plan is a public plan, which means it will be operated by the county for the people who are MediCal beneficiaries or indigent. The questions for tonight are great, and point to what we are trying to do differently in San Francisco than what some of the MHO's are doing.

With regard to Children's Services, for ten years we have been working to build a system of care. We have been working with other child-serving agencies, and with community-based organizations.

There was a law suit regarding EPSDT. The resolution was the ruling that children must get health services for whatever health needs they have. It was a move to expand the services that the state and federal governments will pay for. The target population for kids, which has been narrow in the past, will now under EPSDT, be broader. So we will have to provide broader services.

There are 120,000 people on MediCal in the City. Of that group 40,000 are children, and that number is 1/3 of San Francisco's population of children. We are also serving their families. We also are including children who are eligible to receive sensitive services, like family planning, drug and alcohol and mental health services—as a family of one. The State just reaffirmed school services for ages 12-21, so this includes a population that is larger than just the MediCal population.

Mr. Brunges: The only cloud on the horizon is that it is not clear what the level of federal funding will be for EPSDT.

Mr. Studebaker : We're not participating in providing for children who are on MediCal in this state, but we are in other states. One strategy is to look at all the different funding streams. Manage Care attempts to take the existing resources and make the most of them through cooperative efforts.

2. How will Managed Care affect the ability of consumers to choose the services they desire? (Steve Leoni)

Ms. Moore: Our consumers are not always having a say in choosing their services, in fact, many are having to fight for their services. A Managed Care official will give them

3 days in partial hospitalization, saying they are concerned that the consumer not use up all the days of care they are eligible for, and have none down the road. Managed Care decision makers sometimes act like they are the true physicians. Choice is not always there for consumers because Managed Care is dictating the level of care.

Mr. Brunges: With freedom of choice waiver, there is less freedom of choice for the consumer ultimately. With the Rehabilitation Option, the consumer was involved in planning their treatment.

Ms. Presson: There are choice problems now. The mental health system does not have the capacity it needs. Managed Care will not make this better. California is 49th in federal MediCal payments per capita. We have one-ninth of what New York has to spend per capita. The target population definition is very strict now. We hope to be able to provide a system of access to early intervention and a broader choice of providers under Managed Care.

3. How will mental health services be delivered to homeless, undocumented and/or uninsured people, and working poor families under a Managed Care system? (Ray Rivera, Norma Block)

Mr. Brunges: This issue came before the California Mental Health Department Managed Care Committee in October 1993. The Chair said under Managed Care some services would be available. I said that as a consumer in the early 90's I had found what was available—1) the streets, 2) jail, and 3) the hospital once in a while. It's extremely difficult to get services if you are homeless. I was once turned out of a Bay Area hospital at 5 a.m. in the morning, unable to walk.

Mr. Studebaker: There needs to be open access for needy populations, contrary to the idea that blocking access will cut costs. We've found through intense case management (staff:client ratio of no more than 1:25) that open access actually reduces costs. The idea is to not create surprises and to stay in close touch with the consumers. In Seattle there is a telephone service clients have access to where they can leave and receive messages.

Ms. Presson: The County has really set forth that it will have a single plan of care, whether a person is MediCal or indigent—mental health services will be the same. The exception is that people with MediCal and SSI will have more housing options available for them. But the overall plan is a single system of care.

This does raise the eligibility question, though. Under Managed Care there are 58 plans in the state, one in each county. So if someone comes in from another county, the county they've come from is responsible, so there will be a lot more interest in establishing residency.

Ms. Moore : I hope we look at the difference between Managed Care and Managed Costs. We have to watch costs, but we have to really offer Managed Care.

4. There was a recent *New York Times* front-page article about the considerable threat which Managed Care poses to consumer confidentiality. Please discuss this issue. (Peggy Gilleran)
Mr. Studebaker : My experience is that Managed Care has heightened the awareness of confidentiality in private care, as opposed to fee for services. Now with licensure evaluations looking at consumer feedback, under Managed Care confidentiality will come to the fore, and more accountability will be put in place. Confidentiality is critical in mental health treatment.

Mr. Brunges: With the EDS computer system for inpatient consolidation, there has been a concern about one county getting into another county's files. But there is a special computer coding that prevents this.

Ms. Presson: I saw that article. It was quite disturbing about the loss of confidentiality and privacy. Especially as we move into Managed Care, it's an important issue because planning becomes so public. There is a push in so many ways to share information which I believe most of us thought would not get shared.

5. What steps are being taken to insure access to services for those mentally-ill clients who have lost their SSI and their MediCal eligibility due to having a concurrent or contributing substance abuse diagnosis? (Mike Wise)
Mr. Brunges: I made the changeover with a lot of help. The people who lose their SSI become the responsibility of the County. We are talking about setting up a network to help clients go through SSI re-determination. In Mendocino we have 297 clients in jeopardy, and several agencies are working with them, but in our county most won't get back in.

Ms. Presson: In San Francisco, we have 3,000 people in jeopardy. We have a coordinated effort to help people which is centered at the Tom Waddell Clinic. We provide psychological reassessment and legal assistance. Ms. Wang added: We have provided training for our staff to assist clients, and this is part of a joint effort being made between Mental Health and Social Services to help people we don't already have contact with.

6. Please comment on rumors of physicians/providers being under "gag orders" from the HMO's with which they are associated. These gag orders reputedly forbid a provider from mentioning or suggesting a diagnosis or treatment which is not covered by that HMO—or which is expensive or requires a referral. (Mary Sue Planck)
Mr. Studebaker: In a good Managed Care system you want to have an open system of communication. Clearly you don't want to have gag orders, but want a comprehensive system of care.

Mr. Brunges: HMO's have sometimes tried to pass on high-need clients to the public sector. When I was under an HMO I would have had to wait for six months for an appointment, and by then I was in the county system.

Mr. Studebaker: There needs to be a system of surveillance or consumer grievance and an ombudsman. There needs to be an independent way to get problems resolved. The Knox-Keene licensure governs Managed Care in medical areas and in mental health. It requires a consumer access line, and a grievance procedure, including timelines for meeting responsibilities.

7. Who will monitor Managed Care's effectiveness? From a fiscal point of view, how will administrative costs be monitored and by whom? Regarding client/consumer criteria for success, how will that be measured? Will consumer satisfaction surveys be used? (Maria Leib, Ray Rivera, Norma Block)
Mr. Brunges: One of the things from the realignment legislation is the requirement for performance outcome surveys, and it is the responsibility of the California Mental Health Planning Council to report to the State on outcomes. Also local Mental Health Boards would assist with that.

Ms. Presson: In San Francisco, the Mental Health Board has been presented with outcome measures plan which includes client satisfaction surveys. Tina Yee will also be holding focus groups to get more input from consumers. In terms of administrative costs, the State has put a cap of 15% on those. In 1994/95, our costs were just under 12%, which included the costs of quality management.

Ms. Moore: We do patient outcomes and surveys of satisfaction, and these help us monitor Managed Care.

8. What mental health services are available under Managed Care? Which mental health services are not covered under Managed Care? (Mary Liz Harris)
Mr. Studebaker: Generally when we think about Managed Care, we think of three entities: 1) the providers, 2) the Managed Care entity, and 3) the governance entity. Another positive thing about Managed Care is that there is a new opportunity to discuss the governance entity.

Ms. Presson: Usually coverage sounds like 20 days or 20 visits. County Mental Health is developing differently in response to consumer feedback, which gave rise to the Rehabilitation Option. What's covered are mental health services. What's not covered are non-mental health services. The problem will be who meets medical necessity for services. Now if you meet the target population you are eligible for any services. That may change.

Mr. Brunges: As a client, I'm concerned about the proposed criteria for medical necessity. On June 22nd, the California Association of Local Mental Health Boards voted to write a letter to the State Department of Mental Health in opposition to substance abuse related diagnoses not being an excluded category. DMH will not allow substance abuse disorders to exclude people from mental health services. The California Mental Health Planning Council voted to support this. This is a major issue for the mentally-ill homeless, 80% of whom have a dual diagnosis.

9. How have consumers been involved in planning and implementation of Managed Care in San Francisco? (Carol Patterson)
Ms. Presson: The Leadership Work Group set up for Managed Care by Jeff Jue and Sandra Hernández, and now under Jo Ruffin, is the leadership policy group to advise the Director of Mental Health. The participants do not directly represent different constituencies, but there is diversity. The members include a consumer, providers, and DMS administrators.

The Managed Care Committee has been meeting for three years to plan inpatient consolidation. This is an open meeting, held once a month on the 3rd Thursday at 9 a.m. at 1380 Howard Street. Some consumers and family members have attended, but it might be that that meeting needs to be held at another time. We have also brought issues to the Consumer/Family Member Task Force for feedback.

We are now gearing up for outpatient consolidation and this is much broader. Next July the County will take responsibility for authorizing all payments for all non-hospital services. We're not getting much money for this, but the responsibility is grave. MediCal people will not get services unless the County authorizes it. We will have to contract with providers and will have to work out how to credential them. We will have to think creatively about consumer provider services, since they don't fit into the regular credentialing systems. We look forward to working with the Consumer/Family Member Task Force and the Mental Health Board on these big decisions.

10. How will cultural competency be assured under a Managed Care system? (Ray Rivera)
Mr. Studebaker: Cultural competency happens when the system recognizes different systems and approaches and that a range of providers are needed. I suggest taking this opportunity to recruit a broader range of treatment providers to address cultural competency.

Ms. Moore: Providers have to be aware in their efforts to provide staffing that they think Managed Care will approve of, that the staff is there to serve the clients and that there must be diversity and that staffing decisions not just be made on the basis of credentials.

Ms. Presson: We've been well represented with Tina Yee working with the statewide guidelines for cultural competency. We've developed a tool for assessing cultural competency of the agencies we work with, and to evaluate and set goals for diversity and language capacity. We think San Francisco is a good model, and as we move into Managed Care we want to strengthen this.

11. What team building plans are there for coordinating cross-departmental services with mental and medical services, e.g., social services, forensics, housing, financial? How will desired mental health services be involved in a care plan? (Maria Leib)
Ms. Presson: I think this is one of the key things in a Managed Care system. The State has created a two-part care system, carving out mental health. But substance abuse is left hanging in the air. But we know if we don't respond to substance abuse, which so many of our clients deal with, we won't be able to manage anything. The same is true with medical emergencies at SFGH. We are making a major effort to work with Substance Abuse Services, linking services, and to get both mental health and substance abuse staff dually-certified. In Children's Services, linkages with other departments are well established.

A real commitment to housing and support services is needed. With regard to forensics, Jail Psych is part of our own Bed Committee. The leadership of the Forensics Unit at SFGH is the same as the Director of SFGH mental health services. There's a knowledge that we need to continue to do this coordination.

12. I've read that in California, the purchasers, especially the Bay Area Coalition on Health, have the economic power. Can you tell us something about the range of this Coalition's power and what its agenda is? (Norma Block)
Mr. Studebaker: I believe the question is addressing the issue of corporations purchasing healthcare services. Yes, there is economic power there. They can determine cost issues and quality issues. We are speaking here of the private sector population. Managed Care responds strongly when this group speaks.

Ms. Presson: I think this group can help the public sector. One reason the county ends up taking care of people is that their medical packages run out. They are underinsured. We are working on how we're going to serve these people. The best thing, though, that those employees could do is to demand mental health coverage. When the Robert Wood Johnson Foundation was working on the development of children's managed care, they had employer groups in to work with them on that.

13. If there are savings under Managed Care, how will these savings be distributed? Will departments or programs retain savings for their own development, staffing, etc.? How will the savings be tracked? (Maria Leib)
Mr. Brunges: At the Managed Care Steering Committee in February 1996, the State discussed how its going to fund outpatient services which are high-volume, low-reimbursement services. They're going to have counties take savings from inpatient services and use them in Phase Two, outpatient consolidation. In my county, the savings are being used to open a new day crisis center to prevent sending people out of county.

Ms. Presson: The County is certainly committed to have savings go back into mental health programs. We will need support from the Mental Health Board to get the

Controller's support for this. In some counties moves have been made to take the mental health savings and do things like build jails.

Mr. Studebaker: In the State of Iowa, they have had savings of $1 million out of a $50 million budget. They had no plan for how to reinvest the savings. It's important to have a plan in advance. But it's also important to be flexible so you can reinvest where there are weaknesses. California is going to be facing a big challenge because of its low mental health budget.

Ms. Block then opened the presentation to questions from Mental Health Board Members.

Ms. Spanglet commented: Healthnet last fall cut mental health coverage. It's difficult for employees to go in and demand mental health coverage, because of stigma. Employers don't want to see this included. If other HMO's follow suit, the County is likely to be overwhelmed.

Ms. Presson responded: It's a terrible problem. A year ago 8 women in a meeting I was at were all in therapy, but none of them through their medical plan. I understand that one person can't stand up alone, but what about unions and business organizations doing something? This is a business decision, and there is a loss of productivity when someone is dealing with mental illness. A foundation staff person asked me what they could do to help. I said they could pay for advocacy for private coverage, because this issue is going to kill us.

Mr. Studebaker responded: The first reaction of employers is to cut costs. The short-sighted view comes to the fore when they are hit with cost increases. On the private side, these are benefits not entitlements, and employers will cut. So governance is important.

Ms. Moore responded: We're doing a review of a Managed Care program which is also used by my employer to cover us employees—and it just makes me think, it could be anyone. It's frightening. They want to give 3 days in treatment to someone who is highly suicidal.

Dr. Moses asked: Who will monitor Managed Care cultural competency and Managed Care effectiveness? What about getting independent evaluations instead of DMS doing it?

Mr. Brunges responded: My own knowledge of the State Department of Mental Health is that there are very few staff there. There is only one staff person there for homeless issues. Only four for inpatient consolidation. They are already very tight on money, and in the Governor's budget they are being requested to downsize.

Ms. Jones asked: I want to offer constructive criticism. It's great to know about San Francisco's Managed Care plan, but I think we need to do this again. Case management is a very important issue when talking about mental health. I'm not understanding the freedom of choice waivers, the risk sharing issues. I don't have a clear picture of consumer participation. And last but not least, the critical area in this program is for the young adult 18-25. These are the issues I'd like to have answered.

Ms. Presson responded: There is a briefing paper which I brought to hand out which gives further information on Managed Care in San Francisco. We'll also be doing a briefing before the Health Commission on this coming Tuesday.

Ms. Traveler asked: I wanted to say thank you to Doug, Pat, Nancy, and John, and tell you how much I've learned. Thanks for a clear presentation. I appreciate your honesty. I have a question about cultural competency. My sister has been in treatment for 20 years. Many times in treatment—you have to be from Vietnam or from a Spanish-speaking country or have an accent—it's a language thing—to get culturally-competent services. An African American is speaking English, and is considered to be substance abusing because he or she is an African American. African American clients are getting pushed back, doped up, and ignored.

Mr. Brunges responded: On the statewide planing committee, there is lots of talk about cultural competency and the carry through is arranged by the California Institute for Mental Health, which is the training arm of the California Mental Health Directors Association. There will be a summit in November on cultural competency. They are arranging for regional and county trainings.

Ms. Presson responded: In San Francisco, no one would deny that we need more African American staff and more people familiar with working with that population. Two years ago we developed an African American waiver. We've had language waivers for years. But now we have African American waivers. To be certified staff have to go through some training programs.

We also have some programs with an African American focus. There is the intensive case management program at SFGH, called Kujichagulia, which is built around assertive case management. That model is what we are promoting through the RFP we recently released.

Ms. Block then opened the discussion for questions from the audience. Mr. Diaz asked: What's the difference between Managed Care and the previous system, in one minute.

Ms. Presson responded: In the current system, the County receives money from a variety of sources and we can tell someone if they don't meet our criteria for treatment to go out and find private services. Under Managed Care, the County is responsible for all MediCal people, and we'll get a certain dollar amount per beneficiary.

Dr. Passamaneck asked: I'm wanting reassurance that there will be attention given to people with dementia who typically fall through the cracks? Will attention be given to the persistently mentally ill who refuse services, then end up needing high-end care?

Mr. Brunges responded: Dementia is excluded if it's the sole diagnosis.
Dr. Passsamaneck replied: The health side doesn't want to treat them either.

Ms. Presson responded: Regarding people who don't want to use our services, but end up in the hospital, if they can't use the services we have now, we have to develop services they can use. The challenge of the carve out is that both the medical and mental health sides can say to the other, "It's your problem." We have to make boundaries between medical and mental health compassionate and make collaborative efforts for the good of the community.

IIIa. DISCUSSION OF PRESENTATION

There was no further discussion of the presentation.

IV. COMMITTEE REPORTS

Executive Committee

RESOLUTION (MHB-96-23): Be it resolved that the Mental Health Board ratify the action of the Executive Committee in writing a letter of support for the SFGH/UCSF assertive case management proposal. (Passed)

Program and Services Committee

There was a joint meeting of three committees: Program and Services, Children's, and Public Relations, to hear a presentation of the Recreation and Park Department's master plan for programs for children and youth with disabilities. Ms. Planck reviewed Attachment B.

RESOLUTION (MHB-96-24): Be it resolved that:
1. The Mental Health Board support the Department of Recreation and Parks Master Plan of Recreation for Children and Youth with Disabilities, contingent upon the addition of specific language about services for those with mental disabilities.

2. The Mental Health Board write to Mental Health Director Jo Ruffin, recommending:
a) That Division of Mental Health provide training to staff of the Recreation and Park Department, and that the Recreation and Park Department provide training to staff of the Division of Mental Health.
b) That the two departments get together with Joel Robinson (Superintendent of Recreation) and talk about how to support the infrastructure, identify needs, and develop programs for individuals with mental health disabilities.

3. The Mental Health Board support placing one of its members on the Citizen Advisory Committee and support having a DMS representative assigned to the Agency Coordinating Committee. Among other things, these two committees should be charge with identifying the needs of, and delivering what constitutes accommodation for the mentally ill. (Passed)

Public Relations Committee
See above.

Children's Committee
See above.

Consumer/Family Member Task Force
No report.

Provider Advisory Group
Ms. Planck reported that the PAG has only one remaining member, and that an attempt is being made to rebuild the group. Ms. Block said that the state of the PAG would be discussed in the Executive Committee.

Community Advisory Board, SFGH
No report.

Family Mosaic Advisory Committee
Dr. Moses reported that the request for membership had been sent out, with the deadline for responding being July 15. He noted that there are 5 applicants so far (one from the MHB) for a total of 15 positions. He said that the Advisory Committee is coming to life.

V. REPORT FROM DMS/DPH

Ms. Wang reported for Jo Ruffin, who was on vacation, as follows:
1. The Rehabilitation Facility: There hasn't been a whole lot of progress. The hiring process for Nursing Director and Training Director for the Facility has been reopened, because there weren't enough applicants. We are trying to be careful about hiring because so much hope is riding on this program and the key is the leadership. After the management positions are filled, we'll go to other line staff. We'd like management to select the people they are going to supervise because they will be held responsible for the results of the program.

2. Managed Care: A computerized lifetime clinical record system is being installed in DPH. SFGH is in the process of installing and implementing it, as well as primary care facilities in the community.

There have been discussions regarding to what extent different parts of DPH will share information. These are very sensitive questions. Partly the response will be based on the legal interpretation of the law. It's also a policy decision. DPH is hoping to get input from consumers and advocates. We have a Data Governance Committee. The range of opinion on the Committee is very broad from "everything should be shared" to "only a very limited ranged of information should be shared."

Dr. Moses asked: Will the client have the right to sign a release deciding what to share or not? Ms. Wang responded: That's one of the questions. When the system is in place every client will be told what will be shared. There's an advantage to sharing information in a situation where a client shows up at PES on the weekend when their outpatient program is closed.

Ms. Traveler asked: Who will police this? Ms. Wang replied: All employees are asked to sign a confidentiality oath spelling out penalties. The supervisor would discipline a staff person violating the confidentiality rules. The Data Governance Committee doesn't itself have authority over individual staff.

Also it's proposed that a record be kept of everyone having look at a client record, so people can be disciplined for looking at records they have no business looking at.

3. Informed consent for conservatees: There is the question whether clients who are conserved have a right to refuse medications or not, and whether there should be specific language in a court order addressing whether the client had the capacity or not to consent to medications. The Committee felt that it had to be addressed, and has started asking all IMD's and Napa to get informed consent for medications for conservatees. If the physician believes the conservatee lacks the ability to consent, then the conservator is to be informed and the conservator will have to take it to court for the judge to make a decision. But we are worried about how many people might refuse medication and how quickly the issue can be taken back to court to the judge.

VI. PUBLIC COMMENT PERIOD

Dr. Yee noted that DMS will start publishing a consumer bulletin in October, which will be written and published by consumers, and will respond to two questions: 1) What does DMS need to tell consumers about Managed Care? and 2) What do consumers want to know about Managed Care?

Mr. Kalman brought up the issue of the proposal to house homeless people on Treasure Island. He raised a concern about whether that would include homeless mentally ill, and encouraged people to attend a hearing coming up on Tuesday about this issue.

IX. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:15 p.m.

DPH

SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

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MEETING OF THE FULL BOARD

Wednesday, August 14, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

AGENDA

I. CALL TO ORDER, INTRODUCTIONS

5 min. **II. CONSENT CALENDAR** (Attachment A)

- Approval of July Minutes
- Leave of Absence for Peggy Gilleran

35 min **III. SPECIAL PRESENTATION:** Prostitution - With a panel of activists, Sex Workers, past and present. INVITED

20 min. **IIIa. DISCUSSION OF PRESENTATION:** Action ?

30 min. **IV. REPORT OF DEPUTY DIRECTOR** Jo Ruffin

20 min. **V. MHB COMMITTEE REPORTS**

- Executive Committee: ACTION: ***T.I.H.D.I.*** - Request for support of Plan to house Homeless on Treasure Island (Attachment B)
- Budget Committee
- Program and Services Committee
- Public Relations
- Children's Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to SFGH CAB, DMS, Other

10 min. **VIII. PUBLIC COMMENT**

IX. ADJOURNMENT

SUNSHINE ORDINANCE
(Chapter 67 of the San Francisco Administrative Code)

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Commissions, boards, councils and other agencies of the City and County exits to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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SAN FRANCISCO MENTAL HEALTH BOARD

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San Francisco, CA 94103
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CORRECTION

MEETING OF THE FULL BOARD

Wednesday, August 14, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

AMENDED AGENDA

DOCUMENTS DEPT.

AUG 14 1996

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I. **I. CALL TO ORDER, INTRODUCTIONS**

10 min. **II. CONSENT CALENDAR** (Attachment A)
- Approval of July Minutes
- Leave of Absence for Peggy Gilleran

35 min **III. UPDATES, FOLLOW-UPS - ON GOING ISSUES**
(The presentation we had planned for August had to be rescheduled for next month, so we will use this time to catch up, introduce new ideas, welcome new members, and have more complete reports from committees and DMS)

35min. **IV. REPORT OF DEPUTY DIRECTOR** Jo Ruffin

30 min. **V. MHB COMMITTEE REPORTS**
- Executive Committee: ACTION: ***T.I.H.D.I.*** - Request for support of Plan to house Homeless on Treasure Island (Attachment B)
- Budget Committee
- Program and Services Committee
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10 min. **VIII. PUBLIC COMMENT**

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UNADOPTED MINUTES

Wednesday, August 14, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Anita Burton; Darwin Dias; Lois A. Jones; Maria Leib; Toye Moses, Ph.D., M.P.H.; Alex Rossman, M.S.W.; Phyllis Spanglet; Lora Traveler.

BOARD MEMBERS ON LEAVE: Peggy Gilleran, J.D.; Paula Wilson.

BOARD MEMBERS ABSENT: Jerry Windley for Supervisor Angela Alioto

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

OTHERS PRESENT: Jo Ruffin (DMS); Mark S. Adamek (Spiritmenders); Mickey Shipley (Center for Special Problems; Community Advisory Board; Consumer/Family Member Task Force; SFDMDA); A.W. Bannolosky (Dept. Rehabilitation, SFSU); Daniel Bleman, M.D., (San Francisco Veterans Administration Hospital); Sylvia Shue; Mike Wise (Consumer/Family Member Task Force; Residential Care Task Force); Winnifred Omodt (SFSU School of Nursing); Shessa (Peer Counselor); Emeric Kalman (Family Member); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:04 p.m.

II. CONSENT CALENDAR

RESOLUTION (MHB-96-25): Be it resolved that the minutes of the MHB meeting of July 10, 1996, be approved as submitted. (Passed)

III. UPDATES, FOLLOW-UPS, ON-GOING ISSUES

Ms. Block introduced Felicity Wallis to speak on the issue of the "Plight of the Emotionally-Disabled Immigrant Population of San Francisco."

Ms. Wallis made the following remarks: Since I am of the emotionally-disabled immigrant population of San Francisco, my appeal to you is driven by a very personal concern, that *I* will lose *my* SSI benefits. But I believe my anxiety may be mirrored by many, perhaps thousands, certainly hundreds like me in San Francisco, perhaps millions across the country, and that by acting out my concern, I may speak for many like me.

"What's all the fuss" you perhaps ask, "Why not just go ahead and become a citizen?"

As you (with your knowledge of the burdens of mental instability) will understand, that is not necessarily an option for some of us since we are already deportable for one reason or another. Maybe we could get round some of these reasons by lying, by saying "yes" when we mean "no" or "maybe," but many of us find the lies we already live almost unendurable. Some of us, who have found God's indifference to our pain, cannot bring ourselves to swear the oath. These worrying concerns bring into our lives an additional stress factor that will very likely cause an influx of new patients to the wards, and more bodies to the morgues.

So what do I want the Board to support?

First perhaps I should tell you that I already have some backing from the Independent Living Resource Center in San Francisco and under that aegis, as one of their volunteer peer counselors, have initiated an outdoor support group, specifically for emotionally-disabled immigrants and their friends, their supporters, which met for the first time on Saturday, August 10, and will continue to meet on Saturdays from 1-4ish on the world in the United Nations Plaza, until there is no longer any need to meet.

Because this is all happening so fast, my exact relationship to ILRC has not been specified, but I believe I may be seen as a consumer immigrant liaison between immigrant mental health consumers and those who are trying to help them.

I suggest that this Board contact city government and social services agencies for the purpose of convening a brainstorming group consisting of city government representatives, the social services establishment and the mental health community (which naturally would include consumers.) This group should address what can be done to plug the ghastly gaps, the jagged holes which will be appearing in the social services safety network when so much of its fabric is to be torn asunder by this pending legislation.

All the results of the brainstorming sessions could be recorded and an idea bank created relative to the database which the Mental Health Board is currently developing to utilized the skills and talents of those most immediately affected. Please take this "ball" and run with it if you can. Thank you.

Ms. Traveler asked if the legislative change meant that the SSI amount would be reduced or would it be wiped out. Ms. Wallis said it would be wiped out. Ms. Traveler asked how quickly this would happen. Ms. Wallis said that it would begin at the first of the year and affect people as they come up for re-evaluation. Mr. Leoni said that his understanding was that legal immigrants would be cut off next July (1997).

Ms. Block asked if anyone from the Board would be willing to be part of the brainstorming group. Ms. Burton said she might be willing to do some consultation with Ms. Wallis. Mr. Leoni said that this issue was on the agenda of the Consumer/Family Member Task Force for the next Tuesday evening, and invited Ms. Wallis and anyone else who was interested to attend that meeting.

> **RESOLUTION (MHB-96-26): Be it resolved that the Mental Health Board send a letter to the Mayor, the Board of Supervisors, the Health Commission, and the Director of Public Health asking that representatives of City services get together to brainstorm ways to meet the needs of mentally-disabled immigrants who will be disqualified for SSI under pending federal legislation. (Passed)**

Ms. Block then explained that the special presentation which had been tentatively scheduled for this evening's meeting had had to be postponed until the September meeting, and that in place of that the Board would follow up on unfinished business.

She began the discussion by noting that a letter sent to Dr. Hernández regarding maintaining art therapy and activities in the mental health system had not been answered. She asked how the Board wanted to handle the follow up on that letter.

Ms. Rossman: My suggestion is that we actually contact the Supervisors we represent and become more active in that way. It's very easy to put a letter under a pile or discard it. Tom Ammiano said to contact him once a month and let him know what's going on.

Ms. Planck: Along those lines, Maria Leib wrote a long letter to Supervisor Teng about the meeting we had with representatives of the Recreation and Park Department. Supervisor Teng was very enthusiastic about the letter and asked what she could do to help us follow up.

Ms. Leib: We have a new crop of Supervisors, and it might be a good idea to ask some of their aides to come make a presentation to our Board as we did in the past, in order to help develop a relationship with them.

Ms. Burton: Instead of meeting on a Wednesday evening, perhaps we could get on the calendar at the Board of Supervisors meeting and go as a group to get some of our questions answered.

Ms. Block: I like Alex's idea about establishing relationships with our Supervisors. I'm going to call Supervisor Katz and set up an appointment. She doesn't know me and I don't know her.

Ms. Ruffin: There may be some letters that I have not responded to in writing because I've responded to them in Board meetings. Sandra and I are very much in support of arts programs. There is no threat to those programs, no plan for cuts. I can confirm that and put it in writing to you.

Ms. Jones: Jeff Jue did short responses to our questions and issues on a report which he handed out each month to us at the Board meeting. Perhaps Jo could do something similar.

We've gotten no response from Recreation and Parks to our requests about their new Master Plan for children and youth with disabilities.

Ms. Block asked if the Board wanted to follow up with another letter or by calling. Should we take the issue to Michael Yaki because of his interest in youth or to Mabel Teng?

Ms. Ruffin noted that since that letter had been sent to the Recreation and Park Department, there had been a complete reassignment of responsibilities and that Mary Burns had been replaced. She said the MHB might want to re-send the letter.

Ms. Spanglet: One of the issues near and dear to me is parity for mental health. I have a letter here from Mark Gottlieb, a founding member of the DMDA who now works for the State of California. The State employees are offered life insurance under their health coverage, but Mark was denied coverage because of his manic depression. He fought that denial. The insurance company settled, and made an agreement modifying their nation-wide underwriting policy to provide manic depressives (with some conditions) life insurance at parity. This is a landmark decision.

Ms. Block then asked Ms. Planck to draw up a list of issues to bring up in meetings with Supervisors. She asked who could attend in the event of the MHB getting on the agenda for a Board of Supervisors meeting. The following Board members said they could attend: Ms. Burton, Ms. Rossman, Ms. Jones, Ms. Traveler, Mr. Dias, Ms. Spanglet, Ms. Leib, and Ms. Block.

IV. REPORT OF THE DEPUTY DIRECTOR

Ms. Ruffin reported as follows:

1. Welfare reform

DPH and the City and Social Services are all very concerned about welfare reform and the impact. We are gathering information at this point. There is political pressure on President Clinton to introduce an amendment to remove legal immigrants from the legislation. Funds are to be block-granted to the states and the states would then make the decision about how welfare monies are distributed, and so the fight over that issue would occur on the state level.

2. San Francisco Mental Health Rehabilitation Facility
We are still aiming at a November opening. An announcement about the Consumer Specialists who will be hired by DMS will be going out in September. We will be hiring 4 full-time and 4 part-time peer counselors. Also any position at the R-Facility is open to consumers. We've created a new position at the R-Facility called Mental Health Rehabilitation Worker, which is thought of as an entry level position.

The R-Facility will be focused on social rehabilitation. We're planning on a lot of rehabilitation activities, including living skills, social skills, and vocational rehabilitation, as opposed to the medical model of treatment. There will be a computer lab so people can develop skills. We'll have a variety of machines for people to learn on.

Ms. Jones: You could develop a relationship with the Volunteer Center. There could be places for clients to volunteer and develop their skills as part of social rehabilitation. Ms. Ruffin replied: We have a contract with the Volunteer Center. They serve over 400 of our clients each year.

3. Bed Committee
The primary issue has been concern about the lack of consumer input into the process. There has been a meeting with consumers, and there will be another larger meeting with consumers and representatives from the locked facilities. A form is being developed with space for consumers to say what they want.

4. Consumer Art Gallery
My concern with regard to the gallery was whether the Board had addressed the liability for the art work itself. We have art on loan from the Art Commission. A painting was stolen from a clinic about a month ago.

Mr. Snowdon gave a brief report about the status of the insurance inquiry. It was decided that as soon as one last quote he is waiting for from an insurance company was received, he would send a full report on the insurance situation along with recommendations for action to Ms. Ruffin as well as the Board.

5. Reapplications for people on SSI due to substance abuse problems
The deadline for reapplication has now passed. This issue has very much been a concern of Substance Abuse Services, Mental Health Services, and all of the Department of Public Health. We set up a special project, in collaboration with the Homeless Coalition, and the special SSI One-Stop Project.

Here are the outcomes:
1) Personal letters were sent out to 3,186 beneficiaries.
2) We trained 190 mental health and substance abuse staff how to do redeterminations.
3) We set up a hot line.
4) We handled applications for people.

5) 2,825 clients were known to the system. Of those, 1,773 successfully reapplied, which was 63%. This was way above the national average of 39%, so ours was a really good effort.

This is a good model, because the federal government is starting in on mental health SSI recipients, with a goal of reducing the numbers on the rolls, though with welfare reform that may become a moot point.

5. East Bay Community Hospital

The Hospital has been in the papers recently. It provides psychiatric inpatient care in the East Bay. San Francisco had a contract with them in the past. It's important to have a contract with any hospital where our clients may show up. We've suspended referrals to the Hospital, until we get results from the quality audit, and we have not renewed our contract with the Hospital. We haven't completely broken our relationship, because some of our clients do walk in there.

6. Opening for Assistant Director for System of Care

Bob Martinez has been filing this position temporarily. We hope to fill it as soon as possible now that Civil Service has released it. I will be calling on the Board for help on the selection panel.

7. Criminal Justice Committee

Larry Meredith is very interested in this Committee. He has chosen a point person for his division. I'll be following up on that.

8. SAMHSA Grant

You've seen this grant in the past. The process is that SAMHSA will send us a letter with the exact allocation, and we will probably have to turn that letter around in a very short time. So I'd like to ask if we can have the MHB Executive Committee approve it. I'm asking this ahead of time, so we don't repeat the last minute notification you got with the PATH grant. The total grant is about $1.3 million, and it is used to support the Family Mosaic Project and work with the homeless. (Ms. Block replied that it would be okay to ask the Executive Committee to approve the grant.)

9. Master Plan

The State Department of Mental Health is revising the statewide master plan, which is very out of date. There will be a hearing on it in the San Francisco area on September 19th. This is an opportunity to have some say over what's in the master plan, including target population.

Mr. Leoni commented as follows: My sense of the social rehabilitation model, partly from going to the CASRA meeting and from volunteering at a program where we've had that model for years, is that it's more than just a skills model, but rather it's an interaction model. It's a matter of how staff and clients interact. The pods at the R Facility are designed so that staff have to come out from behind the nurses station.

Shessa made an objection to the full-time and half-time peer counseling positions. She said half-time was too much and people would be cut off their SSI. She said it had been agreed that there would be smaller part-time positions. Ms. Ruffin replied that graduated employment would not be ruled out, though that's not how the hiring plan is currently set up. She said DMS has done graduated employment in other areas.

Mr. Wise asked if DMS had people in mind for the hiring team. Ms. Ruffin replied: In general yes, for these peer counseling positions. Some of you are being called to participate on committees for other R Facility positions.

Report on the Health Summit
Mr. Snowdon was asked to begin: I thought the highlight of the day was the presentation by Sandra Hernández on the plan for the future which tied everything from the day together. She said that San Francisco is receiving over $3 billion in healthcare money, which would average out to just over $4,000 per capita, and that with that amount of money, San Francisco should be able to provide a good benefits package to people being covered by the public sector, and could achieve universal coverage.

She explained in detail how fragmented the current funding streams are, and emphasized that there is not therefore a single health care system in place. She noted that this means that instead of resources going into the front end of the system, into prevention services, San Francisco is trapped in a situation where conditions have to come to a crisis level before people get to treatment, and then the treatment at the back end is also very high-cost treatment. She proposed getting federal and state waivers necessary so that all the money from all the funding streams could be pooled and then used to provide a single, rational system of care that would focus on prevention instead of being forced to respond to crisis.

While it is technically quite possible to design such a system, Dr. Mark Smith of the Kaiser Family Foundation, said that the big obstacle would be politics. He said that in other places where such universal coverage has been attempted, it has not worked because of politics, because it has proven impossible to get different interests together behind a consensus plan.

However, Dr. Hernández argued that in San Francisco we have a real opportunity to make universal coverage a reality. She argued that Willie Brown has a special connection with and effectiveness with the Clinton administration and could help make the waivers possible. She also said that San Francisco being a smaller unit than other places which have attempted universal coverage has a strong consensus on healthcare. She said that San Francisco has the necessary healthcare assets, including healthcare staff and a wide range of nonprofits providing healthcare services.

It seems to me, that despite the potential obstacles, and they are serious, the plan is a great idea and well worth getting behind and fighting for.

Ms. Ruffin continued with the report on the Summit: I agree that Sandra's talk and the concept she outlined was the highlight of the day. About one quarter of San Francisco's population is on MediCal or is uninsured. Many of those uninsured are working uninsured. If the funding and the resources could be reorganized for those 220,000 people, we could give them a good minimum benefit that would encourage much earlier treatment, and at a price small businesses could afford to buy into as well.

At the end of the Summit Mayor Brown said he would put a blue ribbon panel together, and that Margaret Kisliuk would work with the Health Department on the plan.

Mr. Leoni continued the report: The Summit was inspiring in many ways. But there was no chance for the audience to participate, apart from sending up cards with questions for the speakers. Also mental health was given little attention apart from one talk by Martin Cohen, of the Technical Assistance Collaborative. My own questions about parity for mental health was not dealt with.

Ms. Ruffin: Mental health was not directly addressed, but Sandra Hernández is very committed to mental health being part of the package and to covering all uninsured people.

Mr. Shipley added: One of the things they were stressing is prevention rather than waiting till things become an emergency. Mayor Brown wants to see the $4,000 per capita raised to $6,000.

V. COMMITTEE REPORTS

Executive Committee

Ms. Block reviewed Attachment B, The Treasure Island Homeless Development Initiative, and then asked for comments.

Ms. Traveler: The law says that a certain percentage of this land has to be set aside for the homeless. The issue we have to be concerned about is not just the number of units but the number of acres, because the developers will be there at the hearings. My concerns are: 1) I think we always need to have "mentally-ill homeless" spelled out in the documents. This is quite an exciting proposal, but we need to make sure we get the mentally ill into the plan.

Ms. Rossman added: Can we include "dually-diagnosed homeless"?

Ms. Traveler: Yes, we need to be specific. And 2) Employment. Again we need to add "mentally-ill" under the section on employment and throughout the document.

This whole plan is in process. It has to be approved by the Board of Supervisors, then the Department of Defense, then HUD. Then not only TIHDI will be involved, but private developers will be involved as well in the plan. We need to have a percentage of the acreage as well as a number of housing units.

Ms. Leib: I wanted to explain why I'm not supporting this idea. I don't like the idea of sticking people out there in isolation. It's segregation. It will keep them away from employers and away from the city. The transportation logistics are a problem. The word segregation is my problem with the plan.

Ms. Spanglet: I think we're all aware that we sit here on 49 square miles. I agree its away from the city, but there is no other place in this city. My concern is, do the organizations that make up TIHDI have experience working with the mentally ill?

Ms. Traveler: We need to be involved in this and we're not.

Ms. Rossman: As someone who has worked with the homeless and has seen resources drying up, I can't imagine that things won't be integrated.

Mr. Leoni: There were mental health service providers involved in this plan. Baker Places was one. But they had to drop out because they couldn't afford the staff time. But they still keep in contact. These are not some weird people out there who have never worked with mental health people.

> **RESOLUTION (MHB-96-27): Be it resolved that the Mental Health Board consider the proposal being developed by the Treasure Island Homeless Development Initiative and develop a recommendation regarding 1) specifying the mentally-ill homeless in the documents, 2) that a percentage of the acreage as well as a number of housing units should be dedicated to use for the homeless, and 3) that there be adequate transportation between Treasure Island and the city. (Passed)**

Children's Committee & Public Relations Committee
Ms. Leib and Ms. Jones reported that they are considering how the MHB might participated in the Youth Summit coming up in October, and as a result postponing the Youth Forum until a date later than November 2nd. Ms. Jones suggested using the Youth Forum to position DMS to receive funding from SAMHSA for funding for transition programs.

Consumer/Family Member Task Force
Mr. Leoni reported: We dealt with a letter from the Mental Health Planning Council regarding allowing people to make donations to Board & Care homes. We discussed the Bed Committee. We discussed what's happening with Managed Care on the state level.

Provider Advisory Group
Ms. Rossman said she was thinking of taking on the PAG.

Community Advisory Board, SFGH
Mr. Shipley: I was just voted in as the Vice Chair of the CAB and Pam Fischer has been elected Chair. We had a thorough report about the Department of Psychiatry. We followed up on the seclusion and restraint policy issues and a study the Department has been doing the past 6 months with the goal of reducing the use of seclusion and restraints. Two new consumers were voted onto the CAB and the CAB now has 50% consumer membership.

Family Mosaic Advisory Committee
Dr. Moses reported: The deadline to apply to be on the Committee was July 15th, but has now been extended to September 15th. We received only 5 applications for 15 positions on the Committee. In case you know of anyone who is interested, they can still apply.

Ms. Jones added: I polled 15 parents from the FMP and none of them received the notice, and it was agreed that the notice would be sent to them. Ms. Ruffin said she would follow up on that.

Clinical Restructuring Task Force
Dr. Moses reported: I attended the meeting on July 23rd. One thing recommended was that the position of part-time Medical Director be changed to full-time.

Quality Policy Committee
Dr. Moses asked for an alternate liaison for the times when he couldn't make the meetings. Ms. Spanglet volunteered.

Ms. Block called attention to Attachment E, regarding a proposal by former Board member James Jonasson for an educational program on mental health to be provided in the schools. She said this issue would be taken up at the next meeting.

VI. PUBLIC COMMENT PERIOD

Mr. Kalman spoke about the Treasure Island Homeless Development Initiative.

Mr. Wise spoke about the block grant process, and the threat to services that implies

Mr. Leoni said he had spoken with the director of TIHDI and that she was very agreeable to coming to speak with the Board. He said there was no deadline yet for the proposal.

Ms. Spanglet urged the Board to start educating businesses about the value of mental health coverage in order to support the DPH proposal for universal coverage. Ms. Block said the Executive Committee would take up that issue.

VII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:08 p.m.

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MEETING OF THE FULL BOARD

Wednesday, September 11, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

AGENDA

I. CALL TO ORDER, INTRODUCTIONS

5 min II. CONSENT CALENDAR • Approval of August Minutes

35 min III. SPECIAL PRESENTATION - S.A.G.E. Support, Advocacy for Prostitutes, survivors of sexual exploitation: Norma Hotaling

10 min IIIa. DISCUSSION OF PRESENTATION

25 min. IV. REPORT OF DEPUTY DIRECTOR Jo Ruffin

25 min. V. MHB COMMITTEE REPORTS

- Executive Committee: Discussion of Ground Rules
- Budget Committee
- Program and Services Committee
- Public Relations
- Children's Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to SFGH CAB, DMS, Other

10 min VI. PROPOSAL FOR EDUCATIONAL PRESENTATIONS ABOUT MENTAL ILLNESS, TO STUDENTS AT HIGH SCHOOLS: James Jonasson

10 min. VII. PUBLIC COMMENT

VIII. ADJOURNMENT

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Mental Health Issues Arising from Sexual Exploitation and Violence

A Presentation by:

Norma Hotaling

and colleagues

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SAGE——Standing Against Global Exploitation

Join us at the
Mental Health Board meeting
on Wednesday, September 11, 1996 at 7 p.m.
at 1380 Howard Street (corner of 10th)

DPH

SAN FRANCISCO MENTAL HEALTH BOARD

SEAL OF THE CITY AND COUNTY OF SAN FRANCISCO

Suite 510
1380 Howard Street
San Francisco, CA 94103
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UNADOPTED MINUTES

Wednesday, September 11, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Anita Burton; Darwin Dias; Maria Leib; Toye Moses, Ph.D., M.P.H.; Alex Rossman, M.S.W.; Phyllis Spanglet; Lora Traveler.

BOARD MEMBERS ON LEAVE: Peggy Gilleran, J.D.; Lois A. Jones.

BOARD MEMBERS ABSENT: Jerry Windley for Supervisor Angela Alioto; Paula Wilson.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

PRESENTERS: Norma Hotaling, Angel Cassidy, Debra Nothmann.

OTHERS PRESENT: Jo Ruffin (DMS); James Jonasson; Martha Stein (Milestones); Kate Boskoff (Milestones); Mark S. Adamek (SFNMHC; Community Advisory Board); Mickey Shipley (Center for Special Problems; Community Advisory Board; Consumer/Family Member Task Force; SFDMDA); Ernie Silva (St. Luke's); Mike Wise (Consumer/Family Member Task Force; Residential Care Task Force); Shessa (STEP Walk 'n Talks); Emeric Kalman (Family Member); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:15 p.m. Ms. Block reviewed the Ground Rules of MHB meetings, specifically emphasizing: 1) that there should be no whispering during the meetings; 2) that it was important to speak to the point; and 3) paying attention to time, so that the meeting can end by 9 p.m.

II. CONSENT CALENDAR

(Postponed until after a quorum arrived.)

III. SPECIAL PRESENTATION—S.A.G.E., Standing Against Global Exploitation

Ms. Block introduced Ms. Hotaling as follows: Norma Hotaling, Executive Director of SAGE, has extensive personal and professional experience working with issues of violence, sexual exploitation, and prostitution. As a survivor of prostitution, a recovering heroin addict and formerly homeless woman, Norma has counseled thousands of prostitutes and exploited women and girls locally and throughout the United States in criminal justice systems and community based organizations.

She has designed and implemented model programs that have been adopted nationally and internationally, such as the First Offenders Prostitution Program for customers of prostitutes, located at the San Francisco District Attorney's Office. She is on the Advisory Board of P.O.W.E.R. (Probation Officers Working to End Recidivism) at the S.F. Probation Department, and the Coalition Against Trafficking in Women. She has conducted research with prostitutes investigating violence and post traumatic stress disorder in San Francisco and Thailand.

She graduated Magna Cum Laude from San Francisco State University as a Health Educator in 1992, and was the recipient of the 1992 HOOD (Outstanding Undergraduate) Award. She is the recipient of the 1996 Patients Rights Advocacy Services Advocate Award and the 1996 Health Education Alumni of the Year Award from San Francisco State University.

She has presented nationally and internationally on issues of violence, prostitution, and the sexual exploitation of children—most recently at the Fourth UN Conference on Women which was held in China, before Her Majesty Queen Fabiola of Belgium, and at the Regional Conference Against the Sexual Exploitation of Children and Adolescents in the Americas in Brasilia, Brazil.

Ms. Hotaling commented as follows: I've been working with Debra and Angel for 4 or 5 years. SAGE works with exploited women and girls worldwide. I just got back from a conference in Sweden.

Due to my own personal history, I have been through the mental health systems, including Psychiatric Emergency Services and the trauma unit at San Francisco General. I have been kidnapped, shot at, and raped. I was out of all that and 40 years old before anyone ever asked me about my life. This is why I wanted to go back to those systems and work with them to address what I felt were crucial issues: How violence and exploitation contribute to homelessness and drug abuse. How people become vulnerable.

When I got out of prostitution, it was 4-5 years before I saw any other women get out. Professionals in the mental health system said, "We don't talk about incest because memories contribute to drug abuse."

Angel and Debra are a second generation of women getting out of prostitution. Previously women who got out were HIV+ or something, now we have women getting out who are not.

Our goal is to intervene at an earlier stage, to prevent women from being 40 years old before they can start with their lives. I believe I survived in order to do this work.

In Sweden, I found out someone could have helped me when I was 12 and first acting out. I saw in Sweden a world coming together to work with girls.

I know women who would have died anonymously in the past, who are now getting careers, getting married, having children, realizing themselves. We give them a voice. There are women who are dead and have no voice. What would their voices have added to the debate?

We do a lot of media—tons and tons. We act as peer educators with girls. We see in the range of 100-165 women and girls per week.

Our goal is to institutionalize the "Convention on the Rights of the Child," which has not been ratified by the United States. In the US, we don't help these girls, we criminalize their behavior. They are traumatized. They have been abused as children. They have experienced battering and domestic violence. The problem with this background is that these girls don't trust anyone anymore. Or they trust the wrong people: They will let a perpetrator in, but not trust a helper. We are keeping women out of City institutions. We are saving a lot of money. These women used to use a lot of resources.

Ms. Hotaling then showed a videotape featuring Ms. Cassidy. After this, Ms. Cassidy spoke as follows: I was sexually abused starting at age 5. My involvement in the mental health system started at age 6 when I was taken to a counselor. I can't believe they couldn't see that I was sexually abused.

Later I was placed in a locked ward and given valium. No one ever addressed the issue of abuse. I was pregnant twice by the time I was 18, and had an abortion both times. I was very sexually promiscuous.

My sexual abuse started at age 5. I was given LSD and marijuana. As far as I'm concerned there was no love there at all. I still have a lot of issues from all of this.

I began to get into trouble. At age 12 I was arrested from shop lifting. To make a long story short, I got involved in prostitution. I had my daughter at 20 and lost custody to her father. I stayed with my grandmother. I was very depressed and suicidal. I was homeless for 5 years, shooting heroin and cocaine every day. I did all of this because I didn't want to feel.

I would be put in jail for a few days, then released, but I never got help. There was no treatment, no program. So I'd go right back to the streets. I had no self-esteem. When your caretaker as a child is having sex with you, you have no self-esteem. You have no self worth if you only get attention through sex.

Finally one day, Norma walked in and saw me in my jail cell kicking heroin, looking terrible. She said, "You don't have to keep doing this." I was like an empty shell. My soul had left me. I had been raped 30-40 times. I had been nearly beaten to death. I had had a gun put up inside me. I had been chased down the street by a man with a gun who wanted to kill me because I didn't want to give it up for free.

Prostitution is not a choice for many girls. They are turned out by their families onto the streets.

San Francisco has a lot of services, but not enough. Not enough particularly for women in prostitution. It is an act of God that I'm here now. I made it through that hell for a reason. I work at Walden House, and am working very hard every day to get women and men to open their eyes to the truth about prostitution, and to get changes made in services.

I saw an article about Vietnam veterans with post-traumatic stress syndrome. I thought, I've got that! Why didn't my therapist see this? I get flashbacks. That's why women get to yelling at each other in the groups. Sometimes I just wanted to go catatonic. I wanted to curl up and just rock.

Next another video was shown featuring Debra Nothmann. Norma Hotaling then introduced her as follows: Debra is doing incredible work with girls at the Youth Guidance enter. I watch her work incredibly hard all the time.

Ms. Nothmann commented as follows: I'm also part of the mental health system. When I was very young I tried to commit suicide many times. I had major depression and my parents wouldn't look at it. I was anorexic at age 7 and no one recognized it.

I come from a father who went through the Holocaust. He saw his family get shot. I am just finding out, close to age 40, that there was a history of suicide and depression in my mother's family. I was molested at age 13, but not by someone in my family. But I did experience physical violence. I was hit all the time. That was how they knew to raise me.

I go to YGC and listen to these girls and I think that their parents should be in jail, not the girls. They've got the wrong people there.

My parents were always fighting, so I started to starve myself, hoping if maybe I was sick they would pay attention to me and love me.

I worked really hard at school, because if I didn't get good grades I'd get beaten. When I went into treatment, my eating disorders were never addressed. I went to Daytop in new York. But their confrontational style of treatment didn't work for me. I had an affair with one of the main counselors there. Finally I was thrown out because of my eating disorder. I was told I would be sent to a mental health program, but I was thrown out on a New York street corner.

One time my pimp was hitting me so hard I thought I was going to die, but still the police wouldn't help.

I've asked the girls at YGC, "What would help?" And they answer, "A place to go, a place to stay." They say their families don't listen and the police don't listen and no one listens.

I got involved with a 37-year-old man when I was 17. He was married and very wealthy and into all kinds of sex stuff. He told me my parents didn't love me and he would take care of me.

He would answer ads in the paper for swinging. I had sex with women. I had sex with 30 men. And he would watch and if I said no, he would beat me.

The problem in my life now is that I have full blown AIDS. I wish I were well enough to do all the work that needs to be done.

Dr. Moses: I want to commend you for the wonderful job you are doing. What kind of outreach method are you using to reach other ethnic groups?

Ms. Hotaling: We have a number of women who are peer counselors who are African American. When we work in jails, we see that the United States has the highest rate of jailing African Americans, even greater than the rate in South Africa. And YGC has a high rate of African American girls.

Because of our funding cuts, I'm losing a lot of my peer educators and women of color. We need funding. One woman I'm losing to Sacramento because she can't afford the cost of housing here. We need financial help to hire peer educators and to pay for vocational training.

Three years ago I would have said we need to get women off the street. Now we still need to do that, but now no one pays attention to the need for jobs. These women have incredible talents.

Ms. Spanglet: Debra, what you said struck a chord with me. My parents came form Europe. They never showed love. It was something inherent in their background. This is a very common thing. So you are not alone in this.

Ms. Block: I want to thank you for your presentations. The theme is that no one pays attention to you, and we want to pay attention. We appreciate that it is difficult to talk to a group of strangers about something so personal. We appreciate your courage and openness.

IIIa. DISCUSSION OF PRESENTATION

Ms. Block asked the Board about follow up actions. Ms. Leib: I'm reminded of Ann Jennings daughter who committed suicide. We need more feminism in our system, more help especially for young women. Women's issues need to be addressed.

Ms. Rossman: Since 41% or more of the women they work with are diagnosed with post traumatic stress disorder, maybe we could work on getting more funds for PTSD, and see if people can get on SSI for PTSD. But I think it would save the County money to have people get jobs through vocational training services.

Ms. Jones: Is there any way to inform a temp agency that these women are available through SAGE. Here are women who have been in training and have been through therapy.

Ms. Burton: We can start by informing the government, for example, EDD.

Ms. Leib: If there are particular agencies DMS or DPH uses, they could recommend that these women be hired as temps.

Ms. Rossman: One problem is that a lot of temp jobs are just reception jobs. Also they don't have benefits, and a lot of these women really need benefits.

Ms. Block: We could send a letter to Dr. Hernández asking that SAGE be funded as a mental health program, and another letter to EDD regarding jobs.

Dr. Moses: We could also write a letter of support which they could send to foundations when they are applying for grants.

There was general consent for these three letters.

II. CONSENT CALENDAR

(Taken out of order.)

> **RESOLUTION (MHB-96-28): Be it resolved that the minutes of the MHB meeting of August 14, 1996, be approved as submitted. (Passed)**

IV. REPORT OF THE DEPUTY DIRECTOR

Ms. Ruffin reported as follows:

Dr. Hernández has appointed a Director for Women's Services, and that is Kate M. Klein who used to manage Forensic Services.

Mary Emma Dean will be retiring. She has been in charge of the Geriatric Services. We have 4 geriatric crisis teams to do diversion from the hospital. With seniors, people don't call mental health unless nothing else works. So the calls we get are about people who are in extreme crisis.

With Mary Emma leaving, we'll do a re-evaluation of how geriatric services are integrated with adult services. Mary Emma will probably work with us on some special projects while we are looking for a new director of Senior Services.

Sai-Ling Chan Sew has received a DPH Managerial Excellence Award, and will be honored by the Mayor. (There was a vigorous round of applause.)

With regard to the South of Market Mental Health Clinic, the new site is going through physical renovations, and the move will probably take place in December. I have asked Linda Wang to coordinate the ongoing work with the community opposition.

I am very pleased to be invited by the principal of Bessie Carmichael School, in the neighborhood of 760 Harrison, for a meeting with their staff and teachers. Probably we will have a session with parents, teachers, and mental health staff, regarding safety concerns.

We also have been providing information for community groups which were in opposition. They met with the Mayor's Office asking for amelioration. One idea was that the administrative offices at 1380 Howard Street should be moved to 760 Harrison, and the clinic moved here. But that is not practical.

We may switch some senior clinics to the South of Market Clinic. We are willing to look at moving some senior staff to the new site—the staff who work with some of the people in those buildings. There are other safety issues in the neighborhood, and they want increased policing, not because of our clients, and we will work with them on that.

They want to do a newsletter. We might be able to contribute to that and work with them on it. We had a meeting with the South of Market Problem Solving Committee and with the Yerba Buena Seniors Organization.

On a lighter note, a number of you may remember the opposition to the siting of the Progress Foundation's Clay Street House. This facility is to take the place of the old Northeast Lodge. Progress Foundation and the City were sued over this. But the facility is finally being opened. We haven't held an open house because we wanted to get started right away.

I want to extend my appreciation to Progress Foundation for the hours and hours of time they've put into legal responses.

With regard to voter registration within the mental health system, the federal law says that voter registration should occur at mental health and social service sites to help include disabled people, including the mentally ill.

California fought this federal law, but lost the suit. Implementation was then required by the federal court. We're getting a variety of directions from the State Department of Mental Health.

About 30 program staff have been trained by elections staff and have to make statistical reports on registrations. The Office of Self Help will go out with staff and talk with clients about why it's good to vote. The Mental Health Board will be sending a letter supporting registration to all the programs. Registration will be an ongoing program. We'll be doing this in the inpatient and locked facilities as well as outpatient facilities.

With regard to the Health Summit, Dr. Hernández and Mayor Brown are developing a Blue Ribbon Committee which will implement the plan for an integrated system of healthcare.

The Waiver which will be required to do this would not have an adverse impact on the mental health carve out. We'll still have the funds, but we will be allowed a greater flexibility in meeting the needs of those not in the severely mentally ill category.

The Request for Proposal was sent out regarding the Single Point of Responsibility Projects—much like the Family Mosaic Project. These projects involve very intensive case management and wrap around services for high-end users of the system.

The proposal from San Francisco General was rated #1. The proposal from Mission to convert to SPR was rated #1 among the City's proposals. Westside was rated #2 among contractors. Tied for 3rd were the Family Service Agency and a Consortium including Progress, Baker, Instituto, Bayview, and St. Luke's. We are very excited about all the creativity that was shown in the proposals.

VI. PROPOSAL FOR EDUCATIONAL PRESENTATIONS ABOUT MENTAL ILLNESS TO STUDENTS AT HIGH SCHOOLS.

(Taken out of order.) Mr. Jonasson, former member of the MHB, reported as follows: You've received a copy of my letter and proposal. I've sent this to the Board of Education and the Superintendent of Schools. They're deciding if they want to do this. I've also sent a letter of intent to the San Francisco Foundation. I've received the endorsements of the DMDA and of Vice President Al Gore and his wife. I would like to have the endorsement of the Mental Health Board.

> **RESOLUTION (MHB-96-29): Be it resolved that the Mental Health Board endorse the proposal developed by James Jonasson entitled "A Mental Illness Awareness, Education, and Destigmatization Pilot Program for San Francisco High Schools." (Passed)**

V. COMMITTEE REPORTS

(Taken out of order.) Dr. Moses asked Ms. Ruffin if she could respond to the letter from the Clinical Restructuring Task Force regarding having a full-time Medical Director.

Ms. Ruffin replied: I've responded in writing. The Task Force met this morning and probably discussed the response. DMS supports adequate funding for a Medical Director for all services. But we are moving in the direction of the system of care vs. having separate adult, children, and geriatric services, so we will be looking at how the position of Medical Director fits into that.

Ms. Leib, regarding the Children's Committee and Public Relations Committee: We've been doing ground work and preparing for whatever role we might play in the Youth Summit.

Ms. Traveler reported on the progress made with regard to the proposal to use Treasure Island and Yerba Buena to house the homeless. She reviewed the handout her committee put together. She said the Committee was concerned that there be a system of comprehensive support and services for the mentally ill on those two islands. She noted that the specifics have not been spelled out and that that needs to be done. She also distributed a copy of Public Law 103. Ms. Block noted: I think your Committee has done a fabulous job and deserves a round of applause.

VII. PUBLIC COMMENT PERIOD

Mr. Kalman: Every year we celebrate Mental Illness Awareness Week. Is a celebration planned for this week this year? (Referred to the Executive Committee.) I think everyone should support the Treasure Island re-use plan, because it is a public law. The first priority is the homeless, which include 30-40% mentally ill.

Mr. Wise: I want to commend Jo Ruffin who got called away and got involved in crisis intervention down at the front door of the building tonight. She really rolled up her sleeves and called upon her many years of experience.

Mr. Moses: With regard to the Family Mosaic Project Advisory Committee, the deadline has been extended and we are getting additional applications. Sai-Ling has been very helpful in making this Advisory Committee a reality.

Ms. Ruffin: The SAMHSA Grant information has come in and is substantially the same as last year.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:08 p.m.

DPH

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD

Wednesday, October 9, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

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AGENDA:

I. CALL TO ORDER, INTRODUCTIONS

10 min **II. CONSENT CALENDAR**

- Approval of August Minutes
- Ratify action of Executive Committee in approving SAMHSA Grant (ACTION; Att. A)

10 min **III. VISIT WITH MARY LOUISE FLEMING, R.N., M.S.N.–Program Director, Rehab Facility:** Ms. Fleming wants to meet the MHB, let members know who she is, answer questions.

30 min **IV. SPECIAL PRESENTATION -Panel Discussion on Foster Care:**

- Anita Burton, MHB Member and Foster Parent
- Denise Jones, (Foster Care/Mental Health Program)
- Mosi Mays, (Foster Care/Mental Health Program) [invited]
- Dr. Jimmy Gilyard (DHS - Long Term Placement) [DHS: Dept. of Human Services, formerly Dept. of Social Services]

10 min. **IVa. DISCUSSION OF PRESENTATION**

20 min. **V. REPORT OF DEPUTY DIRECTOR:** Sai-Ling Chan Sew, Director of Child, Adolescent and Family Services, will be present in Jo Ruffin's place. Ms. Ruffin will be at a meeting of Mental Health Directors.

30 min. VI. MHB COMMITTEE REPORTS

- Executive Committee
- "Ad Hoc Committee" on TIHDI - Lora Traveler
- Budget Committee
- Program and Services Committee
- Public Relations/ Children's Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to SFGH CAB, DMS, Other

10 min VII. PUBLIC COMMENT

VIII. ADJOURNMENT

NOTE: To those MHB members who were elected to the SFMHEF, Inc. Board of Directors (BOD), there will be a brief meeting of the BOD immediately following the MHB meeting. The purpose of the meeting is to elect three (3) officers: Chair, Vice Chair and Secretary/Treasurer of the Corporation. (See Attachment 1)

SUNSHINE ORDINANCE

(Chapter 67 of the San Francisco Administrative Code)

Government's duty is to serve the public, reaching its decisions in full view of the public.

Commissions, boards, councils and other agencies of the City and County exits to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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MHB ACCESSIBLE MEETING POLICY

1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Downtown Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

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UNADOPTED MINUTES

Wednesday, October 9, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

BOARD MEMBERS PRESENT: Norma Block (Chair); Teri A. Adams, J.D.; Anita Burton; Darwin Dias; Maria Leib; Toye Moses, Ph.D., M.P.H.; Alex Rossman, M.S.W.; Phyllis Spanglet; Lora Traveler.

BOARD MEMBERS ON LEAVE: Peggy Gilleran, J.D.; Paula Wilson.

BOARD MEMBERS ABSENT: Jerry Windley for Supervisor Angela Alioto; Lois A. Jones.

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

PRESENTERS: Denise Jones, Ph.D., Anita Burton, Jimmie Gilyard, Ph.D.

OTHERS PRESENT: Sai-Ling Chan Sew (DMS); Mary Louise Fleming (MHRF) Robert Tang; Mark S. Adamek (SFNMHC; Community Advisory Board); Amelia Truman (Coordinator, Community Advisory Board) Alan V. Shipley (Center for Special Problems; Community Advisory Board; Consumer/Family Member Task Force; SFDMDA); Mike Wise (Consumer/Family Member Task Force; Residential Care Task Force); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:04 p.m.

II. CONSENT CALENDAR

RESOLUTION (MHB-96-30): Be it resolved that the minutes of the MHB meeting of September 11, 1996, be approved as submitted. (Passed)

III. VISIT WITH MARY LOUISE FLEMING, R.N., M.S.N.

Ms. Block introduced Ms. Fleming as follows: She is the new Program Director for the San Francisco Mental Health Rehabilitation Facility. Prior to this she served as the Associate Director for Psychiatric Nursing at San Francisco General Hospital. She has worked for ten years for SFGH, and for 13 years for the City and County of San Francisco. She is originally from Birmingham, Alabama.

Ms. Fleming made the following remarks: Thank you for inviting me. The letter from the Mental Health Board was the first letter I got congratulating me on my new position. I started this position one month ago and there were three of us on staff at that point. Yesterday we held our first orientation, and it was attended by 113 new staff members. A lot of things are not done yet, but it feels like the new facility is really coming to life.

I feel really honored to be appointed to this position. Mary Sue said the Board wouldn't hold my feet to the fire—yet, since we're still just starting up. But I want the MHB to hold my feet to the fire. I want to work with you.

We're planning to accept our first residents on November 1st, pending licensure. We're waiting for the State Department of Health to finish their process. Then we'll be working on the program and the interface with the community. There's a lot of work to be done. I'm going to need your support and creativity, and I'm going to need you to hold our feet to the fire.

Ms. Block then asked Board members to introduce themselves. Dr. Moses encouraged that hiring be done on a culturally competent basis. Ms. Fleming replied as follows: The Director of Nursing is Mozettia Henley who is African American and who comes to us after a career in the military as a clinical specialist. She's done a lot of start up work. She's from New York, but got her doctorate here. She brings a wealth of experience and energy to the position.

Sheila Hembury who many of you know, is the Rehabilitation Coordinator. She's an MSW and is very involved in the community. She has the responsibility for hiring all the activity staff and specialists, including coordinators for: self-help, spirituality, arts, enterprise and business, educational development, and occupational therapy.

Lucy Fisher is the Director of Education. She is Japanese American and has worked in the Department of Psychiatry at SFGH for about 8 years, including working on the Asian-focus unit.

Ernestina Carrillo is the Director of Social Work. She has 11 years of experience in the community and comes to us from the Latino- and women's-focus units in the Department of Psychiatry.

Joe Hartog is the Medical Director. He was the Medical Director for the mental health system in Contra Costa County.

IV. SPECIAL PRESENTATION—Panel discussion on foster care.

Ms. Block introduced Dr. Jones as follows: Denise Jones is the Program Director for the Foster Care Mental Health Program. She is a licensed clinical psychologist and has been with the newly-created program for 6 months. Before that she was Clinical Director at

Bayview/Hunters Point Mental Health for one and a half years, and before that, she was the Senior Psychologist for Ventura County Mental Health. Also in Ventura, though her private practice, she was a psychological evaluator for the Department of Social Services.

Dr. Jones made the following presentation: The Foster Care Mental Health Program was created to address the needs of children from birth through the age of 18, who have been abused, neglected, abandoned, or who are at risk. Prior to our program, services were a patchwork. There was a need for a systematic and easy way for children to enter the mental health system.

The staff include myself, a psychiatrist, a social worker, and Mosi Mays who is a mental health planner.

The planning for setting up this program took a year and was directed by Sai-Ling Chan-Sew. Focus groups were held. She and her staff went into the community and talked with youth, with advocates, and with everyone involved in these cases.

The issues which the program is designed to address include:
    The long waiting list for mental health services.
    The low reimbursement rates to providers.
    The need for intensive case management.
    The need for stable, therapeutic relationships.

Currently our services are limited to children in sheltered care. By July 1997, we will be the entry point for all DHS children needing mental health services. In a few weeks we will be phasing in the guardianship program.

Routine screening is done when kids are assigned to the court dependency unit or the family preservation unit. Often children with disruptive behavior are abuse-reactive. They are usually referred for help. But children who are depressed are often missed and are not referred.

The Multidisciplinary Team is made up of people with special expertise in substance abuse, housing, child welfare, and mental health. Our program, FCHMP, meets frequently with DHS. The screening will be done by the mental health person on the Multidisciplinary Team. An assessment will determine the level of care needed: outpatient, inpatient, special services.

Ms. Burton asked: Who determines who gets evaluated. Dr. Jones replied: All the children coming into DHS Court Dependency Unit or Family Preservation and Maintenance Unit will be screened. Another assessment will be done later to catch any problems which appear later on. The mental health screener, any DHS worker, any member of the Multidisciplinary Team, any of these people can refer kids for screening. Also a court order may require screening, and the family can make a self-referral for

These are all ways to identify children needing services who weren't identified in the past.

We've identified 215 providers which DMS currently uses. We want to increase the ethnic diversity and language capability of the providers and maintain the quality of care.

We are sharing Title 4E funds with DHS to train mental health providers on the special needs of children in foster care. We have a good relationship with DHS, and they have given us an office at 170 Otis Street. When DHS staff need a consultation they can come directly to us, and we'll have 40-hours-a-week coverage.

We're a work in progress. We're very flexible, and want to tailor the program to the needs of the children.

Ms. Block then introduced Dr. Gilyard as follows: Dr. Gilyard has been with the San Francisco Department of Human Services (formerly the Department of Social Services) for 17 years, and has covered the spectrum from emergency response to long-term placement. He is currently Program Manager for the Family Service Unit, Long-Term Placement and Adoption. Specialized programs under Dr. Gilyard's direction include: Teen Units, a Relatives and Caregivers Unit, "Baby Moms," Subacute Services, and the Independent Living Program.

Dr. Gilyard made the following presentation: I want to say thanks to Sai-Ling, Denise, and Jack Rabin from DMS, we've formed a very strong partnership. Historically we've failed children and their families and we're trying to come back from that. Historically we've operated in a piecemeal fashion. But under new leadership we're making progress to correct those problems.

We've opened our DHS placement committee to include mental health people. Sai-Ling has worked very closely with us and very hard. I can't overemphasize how helpful it's been to have this partnership. We are departing from the traditional way of providing services.

We now have units out-stationed in the community. And we will be moving a relatives and caregivers unit out into the community.

We've grown over the years, trying to make the agency more friendly to families. Without continuing this we won't be able to meet the needs of these families. I want to affirm that it does take a village to raise a child, but we have not been part of that village, and can't be till we come out from behind the walls to become a pillar of that village.

I'm a foster parent for my nephew who is 14. He has been suicidal. I felt I had a lot to offer him, but it's been a struggle.

Ms. Block then introduced Ms. Burton: Ms. Burton needs no introduction since she is one of us, having served on the MHB since July of 1995. In addition to her volunteer work as an MHB member, Ms. Burton is herself a foster parent. Over the last five years, she has been a foster parent of 11 teenage girls including one who had a four-year-old daughter.

Ms. Burton made a presentation as follows: I enjoy being a foster parent very much and have had a very good relationship with DHS, protective services, SFGH, and McAuley. I had two girls with suicide attempts.

I'm a foster parent for an agency which assists DHS. We get supportive services. In the therapeutic foster home, which is my type, we have more visits from DHS staff and the case management staff from the organization I work under.

The way I'm set up is the best way for foster homes to be run. These kids need a lot of attention. In therapeutic foster homes, we provide lots of attention, lots of guidance, and lots of preparation for independence.

These children need lots of guidance for independence. At 18 their life as an adult begins. But many of them can't go back to their family for support.

The time between 15 and 18 is short, so I try to give them as much as I can. They need structure. I'm juggling how to be their friend, how to be their parent, how to help with mental health problems. Maybe they've come from a very dysfunctional family. Maybe they've seen a whole lot of stuff I've never seen. They have to adjust to a new home. I have to make sure they go to school and deal with issues if they are sexually active.

All of my girls are now doing well. But the boys I'm very concerned about. Mostly I've taken African American girls, but the last two were Asian. With the African American girls, it's unbelievable what their backgrounds have been.

Dr. Gilyard: She points up the ineffectiveness of our system. We're trying to minimize the number of placements our kids have to go through. I hope under my leadership to correct this.

We also have after care so we don't just lose these kids when they turn 18. We help them after they've turned 18.

My son is in law school at USF. I adopted him at 11. He had been in 26 placements. He's a bright young man, but those scars are still there. If these programs we're putting in place now had been in place then, we would have alleviated that scarring.

Dr. Jones: It's been shown that states with collaboration have better results. We are trying to prevent the break up of families. We see the children in home. Children need more than brief therapy and more than once-a-week treatment.

Ms. Burton: It's possible to have in-home therapy. Lots of kids refuse to go to therapy.

Ms. Rossman: With foster parents, do they go through any testing to see if they are able to provide a stable environment for children? Also, since foster parenting can be very stressful, is there any counseling for foster parents?

Dr. Gilyard: With kids with HIV and severe medical problems, yes we do test the foster parents, because of the high stress of their job. But with regular foster parents, regulations won't allow psych testing. We do have a voluntary support group for foster parents.

Dr. Jones: We provide help for biological parents as well as foster parents.

Ms. Burton: The agency case manager can come to the home and try to be inclusive of the foster parent, and to help with any stress they might be going through.

We are finger printed before becoming foster parents, and you're not allowed to be any kind of criminal. We're also required to take a 3-month training on parenting before we can take a child into our home.

Ms. Traveler: How does the school district here in San Francisco interact with your program?

Dr. Jones: We attend the IEP meeting for each child, and on that committee are people from mental health, DHS, and the schools. We also have a problem solving committee. Both are places where we can work on the collaboration.

Dr. Moses: I have a question about prevention, recreation, cultural enrichment, and job training. And do you use health educators as part of your staff?

Dr. Jones: The alternative services are in a computerized database which we are building. We are working with the school district to share databases. Also we're working with the resource desk at DHS. We hope not to just refer kids, but to help them make the connection. Using health educators is an excellent idea and we have training money which we can use for health education.

Dr. Gilyard: We are working with the Southeast Health Clinic to provide health education.

IVa. DISCUSSION OF PRESENTATION

Ms. Block: What can the Mental Health Board do for you? Should we recommend better coordination with the school district, changes in MediCal coverage?

Ms. Burton: We need more teen clinics at the schools, like the clinic at Balboa High School. They are trying to implement one now at Mission High School. This is something that is good for all teens, but especially good for foster teens.

Ms. Leib: I think that is in the works. At the Youth Summit Mayor Brown was endorsing the idea.

Dr. Gilyard: I think you've captured what the City needs to do—better collaboration.

Dr. Jones: Also the monetary support we need to meet the needs of these kids under managed care.

Ms. Chan-Sew: Denise's position is supported through a grant, while the positions she supervises are civil service positions. We need to find the funding to continue her position.

We also need a special rate for foster care. Now all children are under the same rate of reimbursement. We need to push the state for a special rate and for flexibility in how we can use the funding, so we can make sure we are giving people the exact services they need.

Dr. Gilyard: We know grants run out. It's important to create permanent funding for Denise. Having established this collaboration, we want to keep it going.

Mr. Adamek: How about including the Youth Commission in lobbying with us?

RESOLUTION (MHB-96-31): Be it resolved that the Mental Health Board of San Francisco recommends the following in order to support the effectiveness and success of foster care programs in the city:

1. That teen health centers, like the one at Balboa High School, be established at all high schools and middle schools, with special attention given to high-risk schools.
2. That there be more collaboration with the San Francisco Unified School District by the Department of Human Services and the Division of Mental Health Services.
3. That the Mental Health Board collaborate with the Youth Commission in supporting foster care programs.
4. That there be special rates of MediCal reimbursement for foster care providers in response to the additional needs children in foster care have.

5. That something be done, if possible, about shortening the long waiting lists for foster care.

And be it further resolved that the Mental Health Board send letters to the following people, commissions, or committees, notifying them of this resolution: Jo Ruffin, the Health Commission, the Managed Care Planning Committee of the State Department of Mental Health, the School Board President, and the Mayor. (Passed)

V. REPORT OF THE DEPUTY DIRECTOR

Ms. Chan-Sew reported for Jo Ruffin as follows: There are two thrusts to our work with the School District:

First, there is the special education program, funded by AB 3632. This has been in operation for ten years and is very well developed. We have been providing services for 1,000 children a year, including both assessment and treatment. This is our SED partnership.

Second, there are however, lots of kids who are not identified, who have mental health needs, or who are not in school. Those kids end up coming not to us, but to the court system. They are often a forgotten group. We've worked out an agreement with the counselors at the School District. We've set up special access to the mental health system for them through Susan Wong of the School District.

We've been having a special series of meetings for some months including Superintendent Rojas of the School District, Michael Wald of DHS, and Jeff Mori of the Mayor's Office for Children, Youth, and their Families, to develop a case management package for regular students. We can provide consultation to the schools. For example we have a psychiatrist now who covers the schools in the southeast part of the city. We want to develop a city-wide interagency case management team which would be creating case management plans at the interdepartmental level. We would focus on the most needy 200 kids and see what could be done and should be done with those kids to help them. Then we'd open up the program for the next 200 and so on. We're getting good support from Sandra Hernández and the Mayor's Office.

Ms. Burton: One of my girls goes to the 1950 Mission Street School, which is for kids who are delinquent, who have been in the juvenile justice system, foster care, or are beyond parental control. Seems like those kids have a lot of energy. But this is an awful setting. There is no gym, no trade program. The teachers are doing their best to contain them, but the school is just too small.

Mr. Shipley: I live in the 1800 block of Mission. The 1900 block is a bad block. There are lots of alcoholics and drug addicts. At certain times of the day these kids are just hanging out with nothing to keep them occupied. There is a chain link fence around the school so that it looks like an internment camp, and it's all bungalows.

Ms. Chan-Sew: We can provide feedback to the School District about that facility being inappropriate.

Ms. Burton: We need to have crafts and trades throughout the school district.

Ms. Chan-Sew then concluded her report: We are working on the system of care plan. Three planning groups are being formed:

1. Access
2. System of Care (range of services and providers)
3. Quality Management (setting standards)

VI. COMMITTEE REPORTS

Executive Committee

Ms. Block reported that Supervisor Angela Alioto would be honored at the November MHB meeting for her long-term support for mental health services.

TIHDI

Ms. Traveler: At the last meeting we were concerned because the Mental Health Board had not made its position known. Now there are developers coming in who want to turn the Treasure Island/Yerba Buena land into a golf course. There are 403 acres there and 1200 units sitting empty now. The golf club group wants to tear down those units.

The whole point we want to get over is that we have a year before the Defense Department says go with your re-use plan. We should take to Supervisor Shelley the position about what the law says. The MHB is totally not involved. I really feel as if we have a chance now to make a difference. We don't want to wait until the private developers take over most of the islands and leave a little corner for us. We want to get our objectives to the Board of Supervisors. And each of us should contact our appointing Supervisors as well.

> **RESOLUTION (MHB-96-32): Be it resolved that the Mental Health Board as a whole make the objectives proposed by Lora the Mental Health Board objectives. (Passed)**

Ms. Leib: Let's include Pelosi and Feinstein along with the Supervisors. Ms. Burton: Also AMI, MHA, and CSP. Ms. Rossman: We could also send the objectives to hospitals who have no place to put people who have psychiatric problems. Ms. Traveler: We don't really have a lot of time. Everybody is out there to get what they want. Mr. Leoni: You might want to invite Sue Bierman to talk to you, since she is the land use expert on the Board of Supervisors.

Children's and Public Relations Committees

Ms. Leib: I attended the Youth Summit over the weekend. There were speakers flown in. It was very long. There were no morning or afternoon breaks, and not much opportunity for networking, because it was so structured. But what struck me is that a lot of the issues which were discussed were the same ones we brought up in our Adolescent Health Forum last year.

We are on the brink of full collaboration. There was much mention of mental health and the awareness of the need to get services to kids very early on. There was universal agreement that it takes a village to raise a child. Mental health was mentioned dozens of times at the mini summits.

Two of the big issues discussed were 1) employment (including volunteer work), and 2) structured recreation.

I feel we've really accomplished a lot of our aims in that here were a lot of people talking about mental health. I feel like all the work we did on the Health Forum last year made a difference.

Ms. Chan-Sew: Mayor Brown will develop a 5-year plan for children and families. He says he wants to have quality childcare available for every family who needs it. This is quite a beautiful picture.

Consumer/Family Member Task Force
Mr. Leoni: Jo Ruffin has asked the C/FMTF and the Committee on Consumer Guidance of the System to select someone to go to the Alternatives Conference. We had a report from Shessa on the Walk 'N Talks.

Provider Advocacy Group
Ms. Rossman: I apologize for the delay, I'm just starting to work with the PAG. I had a death in the family. Ms. Planck: We are still in the rebuilding process. We'll be having an open house on October 28th.

Community Advisory Board
Amelia Truman introduced herself as one of the coordinators of the CAB. She said at the CAB meeting Dr. Okin spent considerable time detailing his change of role at SFGH. She said the CAB is also orienting new members and prospective members, and working on voter registration.

VII. PUBLIC COMMENT PERIOD

Mr. Adamek encouraged the funding of more self-help centers in different parts of the city. Ms. Block replied that that issue would be referred to the Executive Committee.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:00 p.m.

SAN FRANCISCO MENTAL HEALTH BOARD

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MEETING OF THE FULL BOARD

Wednesday, November 13, 1996
1380 Howard Street, 4th Floor Conference Room
7:00 p.m.

AGENDA:

I. **CALL TO ORDER, INTRODUCTIONS**

5 min II. **CONSENT CALENDAR**
- Approval of October Minutes

10 min III. **APPRECIATION OF SUPERVISOR ANGELA ALIOTO**

40 min IV. **SPECIAL PRESENTATION: Different Models of Managed Care**
Panel Discussion, with representatives from Alameda County, San Mateo and Solano

10 min V. **MHB MEMBER DISCUSSION** of Presentation; any recommended Board action

15 min VI. **CONSIDERATION OF RESOLUTION ON MANAGED CARE:**
See Attachment A

15 min VII. **REPORT OF DEPUTY DIRECTOR**

20 min VIII. **MHB COMMITTEE REPORTS**
- Executive Committee
- Budget Committee
- Program and Services Committee
- Public Relations/ Children's Committee
- Consumer/Family Member Task Force
- Provider Advocacy Group
- MHB Representatives to SFGH CAB, DMS, Other

5 min IX. **PUBLIC COMMENT**

X. **ADJOURNMENT**

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(Chapter 67 of the San Francisco Administrative Code)

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Commissions, boards, councils and other agencies of the City and County exits to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

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1. American Sign Language interpreters and/or a sound enhancement system will be available on request. Please contact Ladonnis Elston at (415) 255-3444 (voice) or (415) 255-3449 (TTD) five days before the meeting. Large print copies of the agenda will be made available upon request; please call as above, five days in advance.

2. Meetings are held at 1380 Howard Street (corner of 10th Street), in the fourth floor conference room. The closest accessible BART station is the Civic Center station, at the intersection of Market, Grove and Hyde Streets. Accessible MUNI lines serving the location are the 9 San Bruno, 42 Downtown Loop and the 72 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142.

3. The wheelchair entrance to 1380 Howard is on Grace Street, to the right of the building. Elevators, doorways, restrooms and the meeting room are wheelchair accessible. Accessible curbside parking has been designated on Grace Street off Howard.

4. Individuals with severe allergies, environmental illness, multiple chemical sensitivity or related disabilities should call our accessibility hotline at (415) 554-8925 to discuss meeting accessibility. In order to assist the City's efforts to accommodate such people, attendees at public meetings are reminded that other attendees may be sensitive to various chemical-based products. Please help the City to accommodate these individuals.

SECURITY GUARD

A security guard is stationed at the front door of 1380 Howard Street, from 6:30 through the end of the Mental Health Board meeting, to let people into the building.

Angela!
Angela!
Angela!

Need we say more?
She's our undauntable champion of mental health services
at the Board of Supervisors!

Come join us in honoring her at a special ceremony
as she leaves office.
This is not goodbye—it's just the beginning of a new phase
of a long-time friendship!

Mental Health Board
Wednesday, November 13, 1996
7 p.m.
1380 Howard Street, 4th Floor
(at the corner of 10th Street)

THE SAN FRANCISCO MENTAL HEALTH BOARD PRESENTS:

Different
MODELS
OF MANAGED CARE
A Panel Discussion with:

- **Marti Wagner, R.N. ,** **Director, Community Support System**
  Alameda County's STRIDES Program
- **Laura Fowler,** **Chief**
  Solano County Division of Mental Health
- **Pat Jordan, L.C.S.W.,** **Assistant Director**
  San Mateo County Mental Health

Wednesday, November 13, 1996
7:00 p.m.
1380 Howard Street
4th Floor Conference Room

You've heard the Introduction to Managed Care. You've heard the Overview. Now—How does it work in practice? How can it be tailored for San Francisco? Hear from 3 different county programs on how *they* are doing it. How is their program unique? What were their problems and obstacles? What seems to be effective?

DPH

SAN FRANCISCO MENTAL HEALTH BOARD

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UNADOPTED MINUTES

Wednesday, November 13, 1996, 7 p.m.
1380 Howard, 4th Floor Conference Room

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BOARD MEMBERS PRESENT: Norma Block (Chair); Teri A. Adams, J.D.; Supervisor Angela Alioto; Darwin Dias; Lois A. Jones; Toye Moses, Ph.D., M.P.H.; Alex Rossman, M.S.W.; Phyllis Spanglet; Lora Traveler.

BOARD MEMBERS ON LEAVE: Anita Burton; Peggy Gilleran, J.D.; Maria Leib; Paula Wilson.

BOARD MEMBERS ABSENT: none

ADJUNCT BOARD MEMBERS PRESENT: Steve Leoni.

PRESENTERS: Pat Jordan, L.C.S.W., Assistant Director, Mental Health Services, San Mateo County; Marti Wagner, R.N., Community Support System, Alameda County.

OTHERS PRESENT: Jo Ruffin (DMS); Nancy Presson (DMS); Bob Martinez (DMS); Louise Rogers (DMS); Mickey Shipley (Community Advisory Board; Consumer/Family Member Task Force; SFDMDA); Charles King (Catholic Charities); Mike Wise (Consumer; Residential Care Task Force); Amelia Truman (Coordinator, Community Advisory Board); Maria Osorio (Community Advisory Board); Armando Sosa (community Advisory Board) Stepehn Vernon (Family Service Agency); Daniel Lee (Richmond Area Multi Services); Sharon Adelson (Veteran's Administration Hospital); Ernie Silva (St. Luke's/PMR); Mark Adamek; Emeric Kalman; Annamarie Hewson (Consumer/Family Member Task Force); Mary Sue Planck (MHB); Rich Snowdon (MHB).

I. CALL TO ORDER/INTRODUCTIONS

The meeting was called to order by Norma Block, Chair, at 7:04 p.m.

II. CONSENT CALENDAR

Tabled until a quorum arrived.

Special Item

Ms. Block presented a special award to Arthur Geran who has served as the security guard for Mental Health Board meetings for many years. The award read as follows:

Certificate of Honor
presented to

Arthur Geran

Who we can always count on,
Who is always willing to help,
Who takes on the hard jobs happily,
Who has the kindest of hearts!
We don't know what we'd do without you!

Presented by the Mental Health Board of San Francisco
and San Francisco Mental Health Education Funds
November 13, 1996

III. APPRECIATION OF SUPERVISOR ANGELA ALIOTO

Tabled until the arrival of the Supervisor.

IV. SPECIAL PRESENTATION: Different Models of Managed Care

Ms. Jordan made the following remarks: I want to give you a brief overview and then go into concerns and strengths and weaknesses. San Mateo County has been field testing for the State. Since April 1995, we've been operating under a consolidated managed care plan.

We are a county that has a single organized health system. Everyone was getting their care through the County or the Health Plan of San Mateo. Then the Health Plan people came over into the County plan. Two thousand beneficiaries entered our plan at that time. About three quarters of them were actually already in our system and were receiving care in both systems. We had to have a separate federal waiver. The waiver was approved in February and the plan had to be up by April.

Finding medical providers is difficult. Our goal was to provide easy access and smooth transition. We wanted to create a plan that was really user-friendly for consumers and providers.

Managed care has a terrible reputation. We can all think of horror stories. In itself managed care is neither bad nor good.

Basically people think managed care means rachetting down costs and rachetting down the quality of care. In the public system, our goal is the care of the client. Managed care gives us a chance to carry out the things that can be positive about managed care.

We wanted to let the principles of care drive managed care. We didn't want to take things working well and change them for managed care. We added an 800 number to our system. It operates 24 hours a day, 7 days a week. This is a central place for all requests to come through.

People used to get discharged and then have to find a MediCal provider on their own. We now guarantee that we'll find you a provider who will see you within 5 working days. We are giving people access they haven't had before.

It's been a challenge. We have capacity enough in the system for everyone, but we don't always have capacity in each of the specific areas of need. It's been very difficult to find child psychiatrists. We have 150 psychiatrists and psychologists we contract with. Then we also opened up our provider network to community-based organizations which hire MFCC's and MSW's.

Solano contracts individually with providers. We decided to contract with the agencies and they take the responsibility overall and the responsibility for assurance of quality.

We took staff and outstationed them in County primary care clinics to see clients and to provide consultation to providers. This has helped a lot with access. Our health plan also provided us with nurse practitioners in our mental health clinics to help those clients access physical health care. We've picked up some very serious health issues this way.

We pay a flat fee and the agency gets that fee regardless of the type of treatment and the number of sessions the family needs. It's sharing some risk. The case rate may not cover what a family needs, or a family may not need a lot and then the case rate is a generous rate. So we encourage agencies to take on lots of cases to average out a good case rate,

While the dollars are in inpatient services, the detail is in outpatient services. Many more providers and thousands more consumers are in outpatient programs.

Some of the concerns our providers and consumers raised really taught us a lot. We have 55,000 MediCal recipients in our county. We received 13,500 calls in a 12-month period. We responded to 3,700 requests for services. We contract with 160 therapists through 7 community-based organizations and one independent specialty clinic. We served 5,266 consumers with a penetration rate of 9%. The statewide penetration rate is 9.4%. We increased by 400 the number of people we're serving as compared with last year.

We decreased MediCal inpatient services by 5% and increased outpatient services by 25%. What we saved on inpatient we shifted to outpatient. We also saw a shift as we brought people from locked facilities where there is no MediCal reimbursement to community clinics where there is reimbursement. We increased our MediCal costs by 6%, but decreased our costs per client by 1.6%.

Ms. Wagner then presented as follows: I don't work directly for the County. I'm an R.N. working for Telecare which contracts with the County. I'm the Director of Community Support for Telecare. We have 6 STRIDES programs operating across the state.

In 1992, Alameda County brought home from Napa State Hospital 78 folks who had been there 10-15 years. The County brought them home and wanted to teach them the skills they needed to move out into the community. I was the Administrator at Gladman Hospital in Oakland at the time the 78 were brought home. We relicensed Gladman in May 1992. Close to half of these clients were able to move out into the community during the first year. We didn't do a lot of in-depth therapy, but dealt with teaching skills, such as how to take a bus and what happens if you lose your bus pass or run out of medications.

But we began to see people trickling back into our facility at Gladman. Crisis help was not available on a 24-hour basis. Case management was at a ratio of 1:50 or 1:60, so it was impossible for our case managers to be available as much as clients needed. So we looked around the country at other programs and found one in Madison, Wisconsin, using Assertive Community Teams.

We named our program STRIDES (Steps Toward Recovery, Independence, Dignity, Empowerment, and Success.) We are available 24 hours a day, 7 days a week with whatever is needed. We've done a quasi research project to measure our success.

(At this point in the meeting Supervisor Angela Alioto arrived)

III. APPRECIATION OF SUPERVISOR ANGELA ALIOTO

Ms. Block welcomed Supervisor Alioto and thanked her for her committeed service over many years to those affected by mental illness. Ms. Block presented her with an award which read as follows:

Angela Alioto

Angela Alioto is the real thing!
We never have to guess who she is or where she stands.
Angela lives the true meaning of courage,
holding the big leagues of power accountable to the little guy.
Angela is all heart!

◆

She took a stand to save Community Crisis Services
which was then known as Mt. Zion Crisis.

In a year of horrendous budget cuts,
she preserved the funding for the Center for Special Problems.

She held hearings on shock treatment.

She spoke at the Depressive/Manic Depressive Association's
anti-stigma conference.

She took a leadership role in fighting against the MATRIX Program.

❦

Presented to Angela Alioto,
for her many courageous fights and important victories
on behalf of the mentally ill.

From the Mental Health Board of San Francisco
November 13, 1996

Supervisor Alioto then made the following remarks: I have to admit it's been very difficult to leave public life after 8 years, because I've fought along with people like you. When I first came on the Board, mental illness was not considered an illness like a physical illness. At that time they were closing down 18 psychiatric beds at San Francisco General, but to close down other beds would have been unthinkable. People didn't consider mental illness an illness. Mental health has been a steady commitment throughout my career.

As for the future, I have a book coming out next April about my eight years in San Francisco politics. It's based on Dante's *Inferno!* The bottom line is: Don't give up the fight! I'll be here, though I don't know what I'm going to do. I'll be practicing law, taking a sabbatical, but I'll be back. Mental health is a very important issue to me as a mother and as a human being. Thank you for this plaque. I'll be putting it up in my new law office.

Supervisor Sue Bierman then made the follow remarks in appreciation of Supervisor Alioto: I just want to say that Angela Alioto has been the greatest teacher that it doesn't hurt to follow your heart.

I hate term limits, I have always voted against term limits. There is no other reason in the world why were losing such a great person as Angela from the Board of Supervisors.

Ms. Ruffin made the following remarks: On behalf of the DMS, I wanted to thank you for your leadership in the budget fights and out in the community, and for your support in moving services into the community. We will miss you very much. But we will continue to work with you.

Supervisor Alioto responded: The new Welfare Bill is going to be a disaster. We'll be losing $3 million in prenatal care for *legal* immigrants. We will be seeing so many more homeless people. We've got to get to them early so they don't have to go into crisis, needing mental health services and substance abuse services.

Mr. Leoni added: I remember during the Mt. Zion Crisis Clinic battle, Angela Alioto went over to the clinic and stayed there for hours to get a feel for the clinic and the work it was doing.

Supervisor Alioto: I'll never forget that. Nor sitting in on ECT at St. Mary's hospital. It was an awesome night that I spent at Mt. Zion watching young people and old coming in and getting help immediately.

IV. SPECIAL PRESENTATION (continued)
Ms. Wagner continued as follows: We did a quasi research study with a control group. We provided special services to 30 members who moved out into the community. We drove from one end of Alameda county to the other to find places they'd like to live. We helped them move. It's one thing to say that you want to move out, but it's another thing when the doors open and the move starts. Then it becomes very difficult.

It took five months to move people out. Six months into the program we found we were reducing *needless* hospitalization. People can go into the hospital and be stabilized. But if you have support in the system, you don't have to stay in the hospital for a long time.

With the success we had with the initial group, Alameda County decided to close a 60-bed hospital to make it possible to send another 70 people out into the community.

The STRIDES program has teams with 35 clients on a team. We call our clients "members." We don't call our managers "case managers" but "service coordinators" because our members told us, "We're not cases, but we do need services." We have 2 consumer advocates on each of our 3 teams. We have nurses and doctors who are part of the program. We have a pharmacy that works closely with us and makes up packets for morning and evening doses.

The team is truly a team. Members work with all the staff on the team, rather than on a 1:1 basis. This is so that if you have a crisis in the middle of the night, the staff who's on call will be someone you already know and have worked with. We have one person on call each night. Every day at 8:30 a.m. we meet and go over any problems any members have. Every member has a service plan and goals which they determine for themselves.

People's goals change a lot and the roads to the goals change a lot. When you've been institutionalized, you don't know where you want to live. In the first year people move an average of 4 times, and that's 120 moves for 30 people. The team is there to support people. Some have been arrested, and we go visit them in jail.

We have a service center which we just opened. There was no place for our members to go during the day. Day treatment is very structured. Our members wanted a place to come for a cup of coffee, self help groups like AA, whatever they want. Consumers run the service center.

We have an *in vivo* approach. We go to where the consumers are, instead of having them come into the office.

Our program costs about $40,000 per person per year. The clients we have taken in from the system are people who cost the system an average of $70,000 per year for the last 2 years. We probably have 100 of the top 150 people in terms of cost. We were advised not to take all high-end users. But even we have been amazed at what our members have accomplished.

We are successful because we develop relationships with people. We don't force people to take medications. But we work with them on reducing their medications. Some have been very successful at reducing medications.

Many of our family members have burned out. We try to bring families back together. We have a family support group each month.

It was hard to get providers to accept that we really were there for people 24 hours a day 7 days a week. The County hospitals were the hardest to work with. Now they call us first and we go out and negotiate with our members. Not one person who we've kept out of the hospital has needed to go back in.

We work closely with Board and Care operators and apartment owners and tell them if they see a problem coming to call us right away, so we can come out and help prevent a crisis.

Jobs have been a big focus for our members. During the first year people needed to acclimate and adjust to being in our county. But now they are interested in jobs. One young man is working in a nursing home. He started by pushing people around in their wheel chairs, but now is running a bingo group and a men's support group. A year ago he was one of the most difficult people in the county system. He comes to our office for his medications twice a day.

In San Francisco, you have just begun to develop 3 teams very much like STRIDES. I hope you and the consumers will have a lot of success. The programs are growing around the state because they have been so successful.

Ms. Jones asked: How are you funded to do the unique things you are doing and what is your relationship to the system?

Ms. Wagner replied: We are a capitated program. For this program our county contracts with us for $24,000 per person per year. We pay for all inpatient stays and if someone uses the Board and Care and day treatment services. Then MediCal pays for the medications. The cost to the county is $14,000 per person because of the rehabilitation option. The idea of our service center is to either provide the service a member needs or to help them find it in the community. We are managing care.

Ms. Rossman asked about the possibility of expanding the program in the future, and how staff handles the high burn out nature of the work.

Ms. Wagner replied: This is a lifetime program. Studies have been done of people who have been discharged from the hospital just receiving medications once a week as follow up. Sixty percent decompensated. You may not use the support service, but you need to know they are there. We may bring in some new members as the needs of our current members decrease, but we won't discharge people.

One reason for our team approach is to prevent staff burnout. If you have ten people you are responsible for by yourself and a couple are very needy, then you can burn out. But if you can switch off with other staff on difficult problems, then you can take care of yourself. These are autonomous teams with lots of responsibility. The shifts work out to a 40-hour week. Staff get paid extra for being on call.

Dr. Moses asked about the revolving door syndrome. Ms. Wagner replied: We don't discharge anyone. We have a basic standard of seeing people once a week. Most people we see more often. It's not an easy job, it's very difficult work. Our members do get into trouble out there in the community, so we do have to deal with crises.

V. DISCUSSION OF PRESENTATION

No further discussion took place.

VI. CONSIDERATION OF RESOLUTION ON MANAGED CARE

Ms. Presson explained as follows: We wanted to update you on the timeline for outpatient consolidation, which means that all mental health services will be offered through a single plan. We are due to have a plan sent from the Board of Supervisors to the State by February 1997. But the State has not yet provided us with the requirements for the plan or the allocation. The requirements will not be coming to us until at least December 15th.

We're caught in a bind, because to go through our approval process with the Mental Health Board, the Health Commission and the Board of Supervisors, we have to start now. It's difficult to prepare a plan for you to review and approve without the information from the State about what has to be in such a plan. The Mental Health Board has already agreed to the inpatient consolidation, and we wanted to give you now a general resolution in support of inpatient consolidation. We're asking you to approve the plan in concept and we'll get the details to you as soon as we know the requirements involved.

Mr. Leoni added: The alternative to not approving the resolution is that the State will find another county or HMO to managed the outpatient consolidation, which means that San Francisco would not be able to manage risk. If a private company were doing this, they would have an incentive to dump their clients into the locked facilities and then the County would have to pay for them.

The State is driving this timeline and this process, so be angry at the State. Every county is feeling the pressure. Even the allocation we will receive will be a soft number. The State in my opinion is playing games with this.

RESOLUTION (MHB-96-32): RESOLUTION INDICATING GENERAL SUPPORT FOR DMS ACCEPTANCE OF RESPONSIBILITY FROM THE STATE FOR THE IMPLEMENTATION OF A MEDI-CAL MANAGED MENTAL HEALTH CARE SYSTEM IN SAN FRANCISCO; RECOGNIZING THAT DMS WILL REVIEW SPECIFIC ASPECTS OF THE PROPOSAL WITH THE MENTAL HEALTH BOARD ONCE THE STATE HAS PROVIDED IMPLEMENTATION PLAN REQUIREMENTS AND SPECIFIED THE SAN FRANCISCO ALLOCATION.

WHEREAS, The State Department of Health Services is committed to expanding managed care within the Medi-Cal program as a means of improving beneficiary access to quality, cost effective preventive and primary health care services, consistent with directions from the Legislature and the Governor, as embodied in Senate Bill 485 and Assembly Bill 757, and;

WHEREAS, The State's plan specifies that the most effective system of the delivery of Medi-Cal mental health services will be through mental health programs administered by county mental health departments, thus carving these services out of the models for physical health care, and consolidating the two existing mental health Medi-Cal funding streams into a single county-run system, and;

WHEREAS, The State's plan is being implemented in phases, beginning with the consolidation of the State funding for inpatient Medi-Cal mental health services at the county level which began January 1, 1995, to be followed by the consolidation of the State funding for outpatient Medi-Cal mental health services on July 1, 1997, and ending with the implementation of full capitated funding for mental health services through managed care contracts with the counties at an unspecified date, and;

WHEREAS, The San Francisco Health Commission adopted Resolution #15-94 on 3-15-94 and #52-94 on 11-15-94, and the Board of Supervisors adopted Resolution #551-94 on 7-7-94, Endorsing the Development of a Managed Mental Health Care System in San Francisco, stating the County's willingness to assume responsibility for the provision of Medi-Cal Managed Care Mental Health Services and accept the transfer of funding from the State for the provision of those services, and;

WHEREAS, The State has not yet announced the allocation of funds to San Francisco for the provision of Outpatient Medi-Cal Managed Care Mental Health Services, nor provided the Implementation Plan requirements, and;

WHEREAS, the Mental Health Board recognizes the State timeline requirements may require action on this item before the Health Commission before January, 1997, and;

WHEREAS, the Mental Health Board acts on this item with the understanding that the Division of Mental Health will bring the Implementation Plan for Managed Care to the Mental Health Board for review as soon as possible, and;

WHEREAS, The City and County of San Francisco is committed to protecting public mental health services and safety net services for the indigent mentally ill in San Francisco County, and;

WHEREAS, The City and County of San Francisco is at risk for the many high cost services used by individuals with mental illness if timely, effective and coordinated treatment is not provided, and;

WHEREAS, The County Department of Public Health, Division of Mental Health Services, is committed to building partnerships with traditional, safety net, and private providers in order to establish a comprehensive system of care, and;

WHEREAS, The County would assume even greater risk if it did not elect to become the provider of all Medi-Cal mental health services as it would lose the ability to manage the revenues and resources directly, therefore; be it

RESOLVED, That the Mental Health Board hereby:

Provides general support for the Department of Public Health, Division of Mental Health, to assume responsibility for the implementation and administration of a Medi-Cal Mental Health Managed Care Plan for San Francisco Medi-Cal beneficiaries. (Passed.)

II. CONSENT CALENDAR

This motion was tabled at the beginning of the meeting for want of a quorum.

RESOLUTION (MHB-96-33): Be it resolved that the minutes of the Mental Health Board meeting of October 9, 1996, be approved as submitted. (Passed)

V. REPORT OF THE DEPUTY DIRECTOR

Ms. Ruffin reported as follows: I'm pleased to report that the long-awaited Mental Health Rehabilitation Facility is finally open. Fourteen clients were transferred last week. At then end of this week another 16 will be transferred. By the end of the year, we'll have 90 people in the MHRF.

The first round of staff is in and trained. We had staff spend a lot of time out at the various facilities getting to know their clients. We hosted a reception for family members. The transfers have gone quite well.

The second wave of hiring is taking place now. We are happy to have been able to hire Joe Hartog as the Medical Director. He used to work in San Francisco and was very involved in the development of our MIA program. He has most recently been the Medical Director of inpatient services in Contra Costa County. I was part of the training for new staff and found them to be an enthusiastic group and culturally competent.

The Family Mosaic Project Advisory Group finally had their first meeting, and I was very pleased about that. The Robert Wood Johnson Foundation just visited the FMP and gave them a good report on their evaluation.

We've been working closely with Seneca to deal with some of the safety issues that have come up. They have been responsive. The Health Commission is asking us to see if there is a better place for Seneca than in the MHRF. We will look for a facility in the community, but options may be very limited.

As a follow up to the Health Summit, a Blue Ribbon Committee has been appointed to develop an integrated service system for physical and mental health for MediCal clients and indigent people. Sandra Hernández is Chair and business interests are included on the Committee. They will see if the plan can include small businesses which could not otherwise afford health coverage for their employees.

The Mayor's Office has convened a large working group to deal with Welfare Reform. Mimi Silbert and Judge Dearman are co-chairs. Mary Emma Dean is retiring so we are recruiting for a new Director of Geriatrics. DMS was able to sign up 250 new voters within sixty days before the last election in line with new federal mandates. This month marks my first year as Mental Health Director. I've been circulating my report and am asking for your evaluation.

VI. COMMITTEE REPORTS

Executive Committee

Ms. Block reported: The Mayor's Office of Children, Youth and Their Families took our letter about foster care seriously and we are preparing a proposal with Children's Services to submit to the Mayor. It's very rewarding to get such a good response to the work of the Board.

Ms. Traveler had a question about whether Jo Ruffin would be on the Blue Ribbon Committee. Ms. Ruffin replied that she wouldn't, but that John Nickens would be representing DMS. Ms. Traveler asked if there had been any discussion of the Treasure Island plan. Ms. Ruffin said she'd find out and get back to her.

Ms. Spanglet asked about treatment on demand for mental health. Ms. Ruffin replied: The Mayor has said he wants to provide treatment on demand for substance abuse and has mentioned mental health services along with that several times. We're working with Substance Abuse Services. We're preparing a budget to go to the Mayor's Office by mid-December. There may be $15-20 million in new money. Ms. Spanglet encouraged the inclusion of treatment on demand for mental health and said that mental health always seems to be the rock bottom on the list of priorities.

Public Relations Committee

Mr. Snowdon announced the planned arts exhibition, entitled, "Art on the Front Lines of Healing." This will be co-sponsored by the Mental Health Board, Art for Recovery, the Arts and Healing Network, the Recreation Center for the Handicapped, and the Art Commission. It will take place at City Hall, probably beginning next May.

Program and Services Committee
Dr. Moses asked for help on his Committee given that attendance has not been very good lately. He encouraged people to especially get involved in program reviews since last year the MHB was able to review only 8% of the programs. Dr. Moses also said that 13 people attended the Family Mosaic Project Advisory Board meeting, and that officers were elected.

Children's Committees
Ms. Jones noted that the Committee is thinking about holding a forum on Transition Services for young people from 18 to 25.

Consumer/Family Member Task Force
Mr. Leoni said that the Task Force passed a list of 10 principles about the Bed Committee and a Consumer Bill of Rights. He said a resolution was also passed asking to have consumers and family members included on the Blue Ribbon Committee.

Provider Advocacy Group
Ms. Rossman reported that there had been an Open House last month and a small group of providers showed up. She noted the PAG is considering doing a newsletter if people can't come to meetings, and that might draw people into being more active.

Community Advisory Board
Mr. Dias reported that the Department of Psychiatry has come up with a new organizational chart, and that the CAB is more involved in the evolution of treatment services and the philosophy of treatment. Mr. Leoni reported that there are lots of donations coming in for the clothing project.

Executive Committee

> **RESOLUTION (MHB-96-34): Be it resolved that the Mental Health Board meeting cancel its meeting scheduled for December 11, 1996. (Passed)**

VII. PUBLIC COMMENT PERIOD

Mr. Adamek commented on a Nightline show on managed care, emphasizing problems of confidentiality. Mr. Kalman talked about his son's success at going back to work, and asked about policy considerations regarding how much consumers should tell prospective employers about their history. Ms. Jones recommended getting in touch with the Disability Rights Education and Defense Fund.

VIII. ADJOURNMENT

There being no further business, the meeting was adjourned at 9:15 p.m.

DPH

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The meeting of the Mental Health Board
scheduled for
~~Wednesday, December 11, 1996~~
is cancelled.

The next meeting of the Mental Health Board will be Wednesday, January 8, 1997.

We hope you have a happy and healthy Holiday Season and wish you the very best of New Years.